

REQUEST FOR CHANGE IN SCHOOL OF ATTENDANCE

PARENT INFORMATION

Parent Name _____ Phone _____
Mailing Address _____ Neighborhood School _____
Physical Address _____

STUDENT INFORMATION

Student Name _____ Grade _____
Student Name _____ Grade _____
Student Name _____ Grade _____

My student(s) CURRENTLY attend _____ (name of school – if any)

I would like my student(s) to attend _____ (name of school)

Reason for Transfer Request _____

Is student receiving special education services? _____

If yes, please list services currently receiving _____

School Change Request Conditions (per Policy 3131):

1. All approvals are granted for the current school year only and must be resubmitted annually for continued consideration.
2. Approvals are subject to revocation if student enrollment increases during the school year.
3. Families are responsible for providing transportation to and from the approved school.
4. Additional factors that may influence approval, denial, or revocation include, but are not limited to: attendance, behavior, and school/grade level/program capacity.
5. Final decisions regarding school change requests rest with the building principal.

Parent/Guardian Signature _____ **Date** _____

FOR OFFICE USE ONLY

Approved Denied

Neighborhood School Principal _____ Date _____

Receiving School Principal _____ Date _____

Notes _____