Office Use Only

Received Date Stamp and Initial

Roseland Public Schools

Intradistrict School Transfer Request
Grades TK-6

☐ Currently Enrolled ☐ New Student Request for School Year: _____

Request for Grade: _____

(Please Print)

Student Name: _____ Date of Birth: _____

Address _____

Street Number / Name City Zip

Telephone Number: (H) _____ (W) _____ (C): _____

School Currently Attending: _____ Teacher: _____

School Requested: ☐ Roseland Creek Elementary ☐ Roseland Elementary ☐ Sheppard Elementary

Parent's Name: _____

Is student enrolled in a Special Education Program: ☐ Yes ☐ No

If yes, name of program: _____

Reason for requesting transfer: _____

_____

_____

_____

Signature of Parent/Guardian: _____ Date: _____

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☐In-District Enrollment Date: _____ Siblings: _____

☐Out of District Interdistrict on file? ☐Yes ☐No ☐Pending Approval ☐Approved

Original: District Office Copies to: Site Principals, Office Manager/School Secretaries, Teachers