

**TRANSFERS WITHIN THE DISTRICT**  
***(Application for Change in School Assignment)***

Students who wish to transfer to a different district school, or their parents/guardians, must submit a transfer request to the Student Services office located at 1415 N 26th Street, St Joseph, MO 64506 or email the request to enrollmentcenter@sjsd.k12.mo.us, prior to the beginning of the new semester. Granting of such transfer requests will be contingent on criteria in policy JCB as well as available space and eligibility as determined by the district.

Students who have begun attendance at a school cannot transfer to another school until the next semester begins unless their residence changes to a new attendance area or unless otherwise required by law. Transportation will not be provided to students transferring to schools outside their designated attendance area unless required by law.

**Student Information**

*This form is to be used by RESIDENT students requesting assignment to a district school outside his or her attendance area/zone.*

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_ For School Year: \_\_\_\_\_

Requested School: \_\_\_\_\_

**Reason for Transfer**

Are you a district employee? \_\_\_\_\_ If so, what building \_\_\_\_\_

Please explain in full detail the reason for this transfer request: (additional pages may be used if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE SCHOOL YEAR AND THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Central Office Use Only**

Application:  Approved  Denied

Parent/Guardian contacted?  Yes  No Date: \_\_\_\_\_

Present school contacted?  Yes  No Date: \_\_\_\_\_

Requested school contacted?  Yes  No Date: \_\_\_\_\_

Professional recommendations, if required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date

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