

Request for Hardship Transfer

*Do not use this form, if your transfer request is based on a safety
concern.*



STUDENT INFORMATION

Student ID: _____ DOB
Office use only

Name: _____
Last Name First Name

School: _____ Ed Type: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Name: _____
Last Name First Name

Address: _____

Home/Mobile: _____ Work/Emergency: _____

NOTE: school performance, children's grades, class assignments and all academic issues are not the basis for hardship transfers.

Please check as many reasons as they apply to your request for transfer.

- ☐ **ECONOMIC** (I am a working parent and cannot afford before/after school childcare for the school he/she has been assigned.)
- ☐ **DISTANCE** (The school my child is currently attending is out of the walk zone and the district cannot provide transportation)
- ☐ **PLACEMENT CONFLICT** (My children are currently attending different schools and I cannot get them to the school/bus stop on time.)

List siblings:

- ☐ **OTHER** In the space provided below, briefly describe the reason you are requesting a transfer.

All families must complete this space or the request will be returned to the Principal

Print Name

Parent/Guardian's Signature

Date

Principals, let us know how you feel this matter would best be resolved and why? (You must also indicate whether or not you are in agreement with this request)

☐ I agree to a student transfer

☐ I do not agree to a student transfer

Print Name

Principal's Signature

Date

Print Name	Executive Director of Schools	Date
Date received	Date approved	Approved by
New School Assignment (REV 2022)		

Providence
Schools

INFORMACION DEL ESTUDIANTE

sólo para uso de oficina

Nombre

INFORMACION DEL PADRE/TUTOR

Teléfono de Casa/Celular: Trabajo/Emergencia:

Favor de marcar todas las razones relacionadas a su solicitud de cambio de escuela

- Indique a los hermanos/as:

Date received	Date approved	Approved By	New School Assignment (Rev 2022)
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