ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

SCHOOL TRANSFER REQUEST FOR SCHOOL YEAR 20__- 20__

For use with intra-district transfer requests during the current school year.

NAME(S) OF CHILDREN (Last, First)	AGE	GRADE

I/We, _____ residing at _____
Parent/Guardian Address

Phone #_____ Email _____

wish to transfer our child/children from _____ to _____ on _____
(School) (School) (Start Date)

REASON:

I/We understand that, if this transfer is approved, our child/children may be subject to being moved back to the original or another school if the receiving school becomes overcrowded in grades.

I/we also understand that I/we are responsible for transportation to and from the receiving school provided there is no direct bus service from our area to the receiving school.

_____ _____
Parent/Guardian's Signature Date of Request

PROCEDURE FOR REQUEST: 1) After completing this form, submit the form to the principal at the SCHOOL OF ORIGIN (ATTENDING OR NEIGHBORHOOD SCHOOL) 2) After principal review, the principal will forward the form to the principal of the PROPOSED SCHOOL for review. 3) The form will then be forwarded to the Director of Services for a final decision on the request. **Allow 10 school days for processing.**

Requests may be denied for the following reasons including but not limited to: 1) class size, 2) imbalanced class enrollments across sites, 3) students who have attended multiple elementary schools or 4) other administrative reasons. **Transfers are discouraged after the start of the school year.** Hardship cases may be considered.

	Check one:	
_____ Current Principal Signature	Date	YES NO
_____ Proposed Principal Signature	Date	YES NO

Approved - Check one: YES NO

If denied, reason:

_____
Director of Student Services Signature Date