

☐ New☐ Recent Move**INTRADISTRICT TRANSFER**

(Please complete one form per child)

Date Received

For School Year 20____-20____

PLEASE PRINT ALL INFORMATION

(Use a pen and be sure the last copy is legible)

Name of Student _____

DOB _____ Grade Applying For _____

School of Residence _____

Parent's Name _____

Address _____

Street

Apt. #

City

Zip Code

School of Transfer

Choice #1 _____

Choice #2 _____

Choice #3 _____

Please utilize all three choices. Placement will be reviewed in order of request.

Phone Numbers: Home: () _____ Cell: () _____

Is child enrolled in a Special Education Program? Yes _____ No _____

Reason for Request (**REQUIRED**): _____

Is there a sibling(s) who already attends the School of Transfer? Yes _____ Name _____ No _____

Are there other siblings who are also requesting the School of Transfer as well? If so, please list names and grades below:

If for **child care** reasons, please provide the following care provider information:

Name _____ Address _____

Phone () _____ Provider Signature _____

I/We hereby agree that if transfer is granted, it shall be subject to the following conditions:

- 1. Approval of transfer is conditional on space and program availability.**
- 2. Approval of transfer may not occur until after the commencement of the school year.**
- 3. Transfer will be renewed automatically for grades TK – 8, unless the student changes residence. Please note, however that students are still subject to displacement due to excessive enrollment.**
- 4. PARENT MUST FURNISH TRANSPORTATION FOR THE STUDENT.**

Signature of Parent/Guardian _____

Date _____

Print Name of Parent/Guardian _____

Relationship to Student _____

FOR OFFICE USE ONLY

District Office: Approved _____ Denied _____

Director of Educational Programs _____

Date _____