

New

Recent Move

**INTRA-DISTRICT 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

<u>School of Transfer</u>	
Choice #1	_____
Choice #2	_____
Choice #3	_____
<b>Please utilize all three choices. Placement will be reviewed in order of request.</b>	

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 1 – 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 Student Services

\_\_\_\_\_  
Date