



Intradistrict Transfer Request

Resident School _____
Requested School _____
School Year: _____

ELEMENTARY SCHOOL TRANSFER FORM
Request must be submitted to the RESIDENT SCHOOL OFFICE

CONDITIONS OF TRANSFER

1. A student transfer is dependent on space available in the school of your choice. Each year some elementary schools are closed to transfers due to over enrollment.
2. Transportation is the responsibility of the family.
3. Transfers may be revoked by the School District for irregular attendance, chronic tardiness, or persistent refusal to abide by rules for student behavior in effect at the school.
4. The transfer, **if already on file**, will be renewed annually. The conditions of the renewed transfer will still apply.

Student's Legal Name _____ Grade Level _____

Last First Middle

Parent/Guardian Name _____ Phone _____

Last First Middle

Home Address _____

Street Apt / Space # City State Zip

Mailing Address _____

(if different) Street Apt / Space # City State Zip

Reason for Requesting Transfer: _____

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

	Approved	Not Approved	Date	Initials
Resident School Principal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Receiving School Principal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Comments _____
