



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 must be renewed annually.

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
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 _____
