



# Application for Intradistrict Transfer

Request by: \_\_\_ Parent \_\_\_ District

This form is to be completed by the parent/guardian and submitted to the principal of the school of the student's attendance boundary. Complete a separate form for each child.

Child's name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Current Grade \_\_\_\_\_ School Currently Attending \_\_\_\_\_

Parent / guardian name \_\_\_\_\_

Requesting Transfer beginning with 20\_\_\_ - 20\_\_\_ School Year Grade \_\_\_\_\_

Assigned school \_\_\_\_\_

Requested school \_\_\_\_\_

The transfer of students within the school district but outside their own attendance area may be allowed under the following conditions:

1. The reason for making the transfer must be in the best interest of the child, based on the professional judgment of school officials, not simply as a means of acquiring a different teacher or school, or for the convenience of parents.
2. The class the student enters in the new school must have room available. Any intradistrict transfer student will be the first to be removed and transferred if the class size should exceed established limits during the year and a class reduction is deemed necessary. Additional class sections will not be formed as a result of transfer students.
3. Parents shall assume responsibility for the student's transportation. (In limited circumstances, you may be able to utilize bus transportation – on an existing route, at an existing stop, if there is room on the bus.)
4. Transfer decisions will be consistent with state open enrollment regulations and district open enrollment practices.

Briefly describe reason for request \_\_\_\_\_

Parent / guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's recommendation (circle one)					
<b>Assigned School</b>	Approve	Deny	<b>Requested School</b>	Approve	Deny
_____			_____		
Building Administrator signature			Building Administrator signature		

Superintendent's action (circle one)		Approve	Deny
Comment _____			
Superintendent signature _____		Date _____	