



Application for In-District Transfer

(One form per student)

Student Information for school year _____ Grade _____

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Student's current address _____

Moving to this address (if applicable) _____

Parent/Guardian Name _____

Primary phone of Parent/Guardian _____ Secondary phone _____

Parent/Guardian E-mail Address _____

RESIDENT SCHOOL _____ **DESIRED SCHOOL** _____

Reason for Request _____

How will transportation be provided? _____

Standards of student attendance and behavior must be met for a student to maintain transfer privileges. Transportation is the responsibility of parents/guardians.

Signature of Parent/Guardian _____ Date _____

***** OFFICE USE ONLY *****

Receiving School: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Comments: _____ _____ Notify Requester: _____ Date: _____ Initialed: _____	Sending School: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Comments: _____ _____ _____
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