



INTRADISTRICT TRANSFERS

(Application for Change in School Assignment)

This form is to be used by RESIDENT students requesting assignment to a boundary school outside their attendance area.

Student Information

Name: (Last, First) _____ Current Grade: _____ For School Year: _____

Address: _____

Phone Number: (____) _____ Email Address: _____

Which school boundary do you live in? _____ Requested School: _____

Reason for Transfer

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED ONLY ONE SCHOOL YEAR AND AT THE END OF CURRENT SCHOOL YEAR THE STUDENT WILL BE REQUIRED TO ATTEND THEIR BOUNDARY SCHOOL. ALSO THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

If, after the transfer has been granted, the principal finds the transferred student's attendance falls below 95%, they have multiple disciplinary actions, or a single breach of serious misconduct, this transfer may be revoked.

Signature of Parent/Guardian

Date

Building Level - Office Use Only	
Approved <input type="checkbox"/>	Reason If Denied: _____
Denied <input type="checkbox"/>	Signature of Building Administrator: _____
	Date: _____

Federal Programs Use Only	
Approved <input type="checkbox"/>	
Denied <input type="checkbox"/>	Signature of Federal Programs Director: _____
	Date: _____

Federal Programs Use Only:	Date: _____
Parent/Guardian Emailed <input type="checkbox"/>	Present/Requested School Emailed <input type="checkbox"/>
	Transportation Emailed <input type="checkbox"/>

