

## In-District Transfer Request

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

Grade for School Year Requesting Transfer \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian 1 Parent/Guardian 2

Phone Number \_\_\_\_\_

Siblings (0-14) and schools they attend (list):

Requesting Transfer from \_\_\_\_\_ to \_\_\_\_\_  
School School

Attach a letter stating the reason for the transfer request. i.e. babysitting, job, upcoming move etc.

I will be responsible to see that my child attends school and remains in good standing. Additionally, I understand that this request is for one year only and that requests are granted on an annual basis.

\_\_\_\_\_  
Parent Signature Date

Office Use Only	New _____ Review _____
Transfer from: _____ Transfer to: _____	
Projected class size of sending school: _____	
Projected class size of receiving school: _____	
Principal's Comments:	
Superintendent Recommendation:	
Approved _____	Not Approved _____ Date _____