



STUDENT TRANSFER REQUEST FORM

Please complete all information below to initiate a student school transfer request. Completion of this form is by no means a guarantee that the student will be transferred to a new school building. This form will be reviewed by the Director of School Choice & Enrollment and must be approved by an Assistant Superintendent and/or a Director of Instruction. If needed, school administrators may also be consulted.

PLEASE PRINT CLEARLY

STUDENT INFORMATION

STUDENT LAST NAME	STUDENT FIRST NAME	TODAY'S DATE
CURRENT SCHOOL ATTENDING		
GRADE	DATE OF BIRTH	AGE
PARENT / GUARDIAN NAME		
STUDENT STREET ADDRESS	CITY	STATE ZIP
TELEPHONE	EMAIL	

PLEASE CHECK THE REASON(S) FOR THE REQUEST TO TRANSFER:

- A transfer is requested so that the student is placed in a school with their sibling.
- A transfer is requested so that the child attends a school that is close to their home.
- Other Reason (Please provide details):

Please provide the name of the school where you would like to have your student transferred to?

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU ARE REQUESTING A TRANSFER TO A SCHOOL WHERE THE STUDENT'S SIBLING IS CURRENTLY ENROLLED

WHAT IS A SIBLING? *A sibling is any brother or sister living in the same household and sharing at least one biological parent or legal guardian.*

SIBLING NAME (LAST, FIRST)	GRADE	DATE OF BIRTH	CURRENT SCHOOL	POWER SCHOOL ID



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- ◆ I am the parent or legal guardian of the child for whom I am submitting this form.
- ◆ I understand that the information on this form will be checked for accuracy. Any false information provided on this form will disqualify this application.
- ◆ I give full permission for my child’s current and previous schools to release any information needed to aid and support the processing of this transfer request.
- ◆ I understand that submitting this form does not indicate that my child is guaranteed placement or registration at any of my selected options.

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN FIRST NAME

PARENT / GUARDIAN LAST NAME

PARENT / GUARDIAN SIGNATURE

DATE

FOR DISTRICT USE ONLY:

RECEIVED

DATE

DIRECTOR

DATE

DISTRICT ADMIN

DATE

Approved

Denied

NOTES: