

ELEMENTARY INTRA-DISTRICT TRANSFER
 Effective School Year (i.e. 20xx – 20xx) _____

Residential School: _____ **For Grade** _____

School Requested in choice order:

1. _____ 2. _____ 3. _____

The District retains the right to approve or deny each application, dependent on the requested school's enrollment capacity. Once approved the 'requested' school becomes the student's school of residence.

→ **Is there a current "Individual Education Plan" (IEP) for your child:** Yes No

Student's Full Legal Name (please print)	Birthdate xx/xx/xxxx		
Parent/Guardian Name (please print)	Home Phone	Work/Cell Phone	
Complete Address	Apt. #	City	Zip

Parent/Guardian Signature: _____ **Date:** _____

Reason(s) For Request:

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> 45/15 Schedule | <input type="checkbox"/> Moved/Moving |
| <input type="checkbox"/> School Preference | <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Attend w/Sibling | <input type="checkbox"/> Program Improvement | |
| <input type="checkbox"/> Other _____ | | |

(If more space is needed write on back of sheet)

→ **If Childcare/Employment is the reason:**

Childcare Provider	Address	Phone
Employer	Address	Phone

District Use Only

District Recommendation: Approved Denied If Space Available

Reason for Denial: _____

Administrator Signature: _____ **Date:** _____