

SECONDARY INTRA-DISTRICT TRANSFER PERMIT

Effective School Year: _____ (i.e. 20XX-20XX) **Requesting for Grade** _____
(Annual renewal not necessary)

SCHOOL REQUESTED: _____ **RESIDENTIAL SCHOOL:** _____

SCHOOL PRESENTLY ATTENDING: _____

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. Also, if the permit is approved, the applicant must provide transportation for the student(s) to and from school.

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

| | | |
|--|------------|----------------------|
| Student's Name <i>(please print)</i> | Birthdate | Current Grade |
| Parent or Guardian <i>(please print)</i> | Home Phone | Work/Cell Phone |
| Parent or Guardian <i>(Signature)</i> | Date | Street Address/Apt.# |
| | | City/Zip |

Reason(s) for request:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Employment | <input type="checkbox"/> 45-15 Schedule | <input type="checkbox"/> Moved/Moving |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Continuing Student | <input type="checkbox"/> School Preference | <input type="checkbox"/> Attend w/Sibling |
| <input type="checkbox"/> Program Improvement Status | <input type="checkbox"/> Other _____ | | |
- (if more space is needed continue on back)

→ **If childcare/employment is the reason:**

| | | |
|--------------------|---------|-------|
| Childcare provider | Address | Phone |
| Your Employer | Address | Phone |

District Use Only

DISTRICT RECOMMENDATION: APPROVED DENIED IF SPACE AVAILABLE

Reason for Denial: _____

Signature _____
Date _____