

Application for Change in School Assignment

In-District Transfer Request

Student's Name _____
Last _____ *First* _____ *Middle Initial* _____

Home Address _____ Phone # _____

Present School _____ Present Grade _____

Requested School _____ For School Year _____ Grade _____

Date of Request: _____

State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship.
(Submit attachments if necessary) Annual New

I UNDERSTAND, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Parent/Guardian's Signature _____ *Date* _____

Received by:

Name _____ Signature _____ Date _____

Releasing School

approved disapproved Comment _____

Principal's Signature _____ *Date* _____

Gaining School

approved disapproved Comment _____

Principal's Signature _____ *Date* _____

To be completed by Central Office Personnel

Application Approved Disapproved Date _____

Parent contacted Yes No Date _____

Present School Contacted Yes No Date _____

Requested School Contacted Yes No Date _____

Comments: _____

Superintendent/designee's Signature _____ *Date* _____