

Student ID# \_\_\_\_\_

# TRANSFER REQUEST

## 2024-2025

Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Home School: \_\_\_\_\_ Requested School: \_\_\_\_\_

School Presently Attending or Last attended: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Special Education: Inclusion/Self-Contained ESL:  
Resource/Sheltered

I am requesting a transfer for my child/children due to the following reason:

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**I understand no transportation will be provided and my child/children must attend school on a regular basis, be on time, and be successful academically and behaviorally. If he/she fails to meet these expectations, he/she will return to his/her home school or another school to be determined by Central Office.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve  Deny

Assistant Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Action Taken

Added to Sheet  Updated in Skyward  Parent Notified  Schools Notified