



Administration Building
286 Main Street
Pawtucket, Rhode Island 02862-0388
Phone: (401) 729-6300 | Fax: (401) 727-1641 | TDD: (401) 729-6338

Transfer Request Procedure

Once you have the transfer request filled out, please mail the completed form to:

Pawtucket School Department
Assistant Superintendent's Office
286 Main Street
Pawtucket, RI 02860

DEADLINE TO SUBMIT FORMS IS JUNE 1st

Procedimiento de Solicitud de Transferencia

Una vez que haya completado la solicitud de transferencia, envíe por correo el formulario completo a:

Pawtucket School Department
Assistant Superintendent's Office
286 Main Street
Pawtucket, RI 02860

LA FECHA LIMITE PARA ENTREGAR EL FORMULARIO ES EL JUNIO 1ro

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:

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