

INTRA-DISTRICT TRANSFER REQUEST Policy 432-Exhibit 2

This form is to be completed by the parent/guardian and submitted to the principal of the school of the student's attendance area. Complete a separate form for each child. The window for submitting this request is from the 1st Friday in February to the 1st Friday in March preceding the school year.

Parent / guardian name _____

Address _____

City, State, Zip _____

Phone _____

Child's name _____

Current Grade _____ School Currently Attending _____

Requesting Transfer beginning with 20____ - 20____ School Year Grade _____

Assigned school _____

Requested school _____

The transfer of students within the school district but outside their own attendance area may be allowed under the following conditions:

1. The class the student enters in the new school must have room available. Any intra-district transfer student will be the first to be removed and transferred if the class size should exceed established limits during the year and a class reduction is deemed necessary. Additional class sections will not be formed as a result of transfer students.
2. The parent of each applicant must file their request for an intra-district transfer using the Elementary Intra-district Transfer Request Form (432 Exhibit 2) in the office of the elementary school in their home attendance area. The window for filing these requests begins on the first Friday in February and closes on the first Friday in March prior to the start of the school year.
3. Transportation to attend a school outside of the home area is the responsibility of the parent/guardian.
4. If there are more requests than seats, students will be selected based on the following guidelines
 - a. The student currently attends the school requested
 - b. The student previously attended the school requested
 - c. The student has siblings who currently attend the school requested
 - d. The date the completed application is received
 - e. In the case of ties, by lottery.

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5. Approved transfers are for the duration of the elementary grades **(except 4K)** unless enrollments cause overcrowding resulting in the need to hire an additional teacher or redistricting occurs.

Briefly describe reason for request _____

Parent/guardian signature _____

Date _____

Principal's recommendation (circle one)					
Assigned School	Approve	Deny	Requested School	Approve	Deny
Principal signature			Principal signature		

District Administrator's action (circle one)	Approve	Deny
Comment _____		
District Administrator's Signature _____		Date _____

Date this completed form was received in the office: _____

Legal References:

Cross References:

Adoption Date: 12/17/2018