

**INTRA-DISTRICT STUDENT
TRANSFER REQUEST FORM**

TO BE COMPLETED BY PARENT/GUARDIAN

PLEASE NOTE: PARENT IS RESPONSIBLE FOR TRANSPORTATION

Date of Request _____ **ELL** ___ Yes ___ No **IEP** ___ Yes ___ No

Student's Name _____ Name of Parents _____

Address _____ Home Telephone _____

Work Telephone _____

Request to withdraw from _____ and enroll at _____

for the _____ school year. Grade _____ Age _____

Parent Signature _____

Reason(s) for requesting transfer _____

TO BE COMPLETED BY PRINCIPAL OF SCHOOL SERVING STUDENT'S RESIDENCE

Please verify above information and make necessary corrections.

I recommend _____ Approval _____ Disapproval of the student's transfer request.

Supporting comments _____

_____ Date _____ Signature of Principal _____ School _____

TO BE COMPLETED BY PRINCIPAL OF NONRESIDENT SCHOOL

I recommend _____ Approval _____ Disapproval of the student's transfer request.

Supporting comments _____

_____ Date _____ Signature of Principal _____ School _____

TO BE COMPLETED BY SUPERINTENDENT

I _____ Approve _____ Disapprove of the student's transfer request.

Supporting comments _____

_____ Date _____ Signature of Superintendent _____