

Within District Transfer Request

Date of Application:	TRANSFER REQUEST FOR 20__ - 20__
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I, _____, parent/guardian/legal custodian of child or children listed below:

Student Name	Grade	Sex (M or F)	Race (*See Key Below)	ESL (Yes or No)	Sp Ed Disability (Yes or No)

*** Key**

W – White	NA – Native American	B – Black	H – Hispanic	A - Asian
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Request a transfer from _____ site (attendance site in the boundary area in which you live) to _____ site (attendance site for which you are applying for your child/children to attend) for the 20__ - 20__ school year.

I have read Board Policy 503.2 and Administrative Regulation 503.2. I understand that, if approved, this permit will allow my student to remain at that requested attendance site for the remaining grades offered at that site unless the transfer permit is sooner revoked.

My reason for requesting this transfer is as follows: _____

If my reason is for childcare, my signature below authorizes the childcare provider to release to the District such information about me and my child as the district may request in regard to this application.

Childcare Provider _____ Childcare Provider' Address _____
 Childcare Provider Phone No. _____ **(Use back of form for additional information, if necessary)**

 Signature of Parent/Guardian

 Address

 City / Zip

 Telephone

District Office Use Only:

Approved _____ **Denied** _____

Explanation _____

Signature _____

Date _____