

REQUEST FOR CHANGE IN SCHOOL OF ATTENDANCE

PARENT INFORMATION

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Neighborhood School \_\_\_\_\_  
Physical Address \_\_\_\_\_

STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
My student(s) currently attend (name of school): \_\_\_\_\_  
Where I want my student(s) to attend (school): \_\_\_\_\_ Beginning: \_\_\_\_\_

Reason for Transfer Request:

Is student receiving Special Education Services? \_\_\_\_\_

If yes to Special Education Services, please explain:

Due to the current impact of COVID-19, we are utilizing digital signatures. By entering your name in the space below and clicking submit, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document.

Electronic Signature \_\_\_\_\_ Signed On \_\_\_\_\_

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THIS AREA OFFICE USE ONLY

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Exit interview held on: \_\_\_\_\_ Reason for Request: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Conditions:

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| <ol style="list-style-type: none"><li>1. Approvals are for current school year only.</li><li>2. Approvals may be rescinded if enrollments increase during the current year.</li><li>3. School bus transportation is available through regular routes only.</li></ol> |
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Additional Conditions:

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**SIGNATURES**

Neighborhood School Principal \_\_\_\_\_ Date \_\_\_\_\_

Receiving School Principal \_\_\_\_\_ Date \_\_\_\_\_