Application for Educational Transfer

- This form must be returned to the Superintendent
- Applications for Educational Transfer will be approved to the extent that honoring such requests will not exceed class size maximums established in Board Policy 606.1 or displace a resident student.
- Applications for Educational Transfer will be considered after all class size transfers have been determined, unless the Educational Transfer request would allow the District to meet class size maximums without making an Administrative Transfer.
- A separate application form must be completed for each child

Transfer requested by: ☐ Parent/Guardian ☐ School District

1. Name of Student: _____ Date of Application: _____

2. Grade Level for next school year:_____

3. Parent/Guardian Name: _____

4. Parent/Guardian Address: _____

5. Resident School: _____

6. Requested School: _____

7. List all siblings, age, grade level for next school year, and building assigned (if applicable):

Name	Age	Grade Level for Next School Year	School

8. Is the student entitled for Special Education services? ☐ Yes ☐ No

9. Is student transportation needed? ☐ Yes ☐ No

10. I understand transportation to the requested school will be provided <u>only</u> if there is no additional cost to the District? ☐ Yes ☐ No

_____ _____

Signature of Parent/Guardian Date

Application for Educational Transfer

District Completes

A. Name of Student: _____

B. Parent/Guardian Name: _____

C. Name of Resident School: _____

D. Name of Requested School: _____

E. Date application was received: _____

F. Action: ☐ Approved ☐ Denied

If denied, indicate reason(s):

☐ Class size at requested school will exceed maximum size guideline established in policy #606.1

☐ Class size at resident school will fall below 50% of class size goal established in policy #606.1

☐ Proper special program is not available

☐ Other _____

_____ _____

Signature of Superintendent Date

Approved: April 10, 2007

Reviewed: December 13, 2010; March 14, 2016

Revised: April 13, 2015