

INTRADISTRICT TRANSFERS
(Application for Change in School Assignment)

This form is to be used by RESIDENT students requesting assignment to a district school outside his or her attendance area/zone.

Student Information

Name: _____ / _____ / _____

Address: _____

Phone Number: _____ Current Grade: _____ For School Year: _____

Requested School: _____

Reason for Transfer

If request is based on hardship, give full details of the hardship (additional pages may be used if necessary):

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Signature of Parent/Guardian Date

Submit this form to the school principal of the building to which you are requesting assignment.

FILE: JCB-AF
Critical

Building Level Office Use Only

Application Has Been: Approved Denied

If Denied, Reason: _____

Signature of Building Administrator/Designee

Date

Central Office Use Only

Application: Approved Denied

Parent/Guardian contacted? Yes No Date: _____

Present school contacted? Yes No Date: _____

Requested school contacted? Yes No Date: _____

Professional recommendations, if required: _____

Signature of Superintendent/Designee

Date

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 01-13-2009

Revised:

Tri-County RVII School District; Jamesport MO