

Application to Transfer to Parents' Choice of School

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**TO BE COMPLETED BY PARENT/GUARDIAN:**

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School student presently attends: \_\_\_\_\_

Please check if the student is presently:

Bused: \_\_\_\_\_ Bus No.: \_\_\_\_\_ Not Bused \_\_\_\_\_

Requested effective date of transfer: \_\_\_\_\_

Grade student will be in at time of transfer: \_\_\_\_\_

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**TO BE COMPLETED BY PRINCIPALS:**

Clear reason given to current principal for parents' request:

Yes \_\_\_\_\_ No \_\_\_\_\_

Basis of request: \_\_\_\_\_

Date of meeting or conference with current principal: \_\_\_\_\_

Approval signature of current principal: \_\_\_\_\_

Date of meeting or conference with principal of new school: \_\_\_\_\_

Approval signature of principal of new school: \_\_\_\_\_

Note to Principal of new school: Please forward this form to Superintendent's office after the above information is complete.

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Superintendent

- Approved form to:
- Parent/Guardian
  - Both Principals Involved
  - Superintendent's File
  - Insertion in Student's File
  - Removal of Student from Roster