

## EATONVILLE SCHOOL DISTRICT PARENT REQUEST FOR TRANSFER WITHIN SCHOOL DISTRICT

ALL REQUESTS FOR INTRADISTRICT TRANSFERS MUST BE COORDINATED WITH THE BUILDING PRINCIPALS AT BOTH YOUR CURRENTLY ASSIGNED SCHOOL AND THE SCHOOL TO WHICH THE STUDENT SEEKS TO TRANSFER. TRANSFERS WILL BE REVIEWED ANNUALLY.

### **SECTION I.** (To be completed by applicant)

Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent or Guardian Signature: \_\_\_\_\_  
 Currently Assigned School: \_\_\_\_\_ School for which student seeks transfer: \_\_\_\_\_  
 Period of time for which student requests transfer: \_\_\_\_\_  
 Is there another child in the family for whom transfer is being requested? \_\_\_\_\_ If so, student's name: \_\_\_\_\_

In the space below, identify the basis for the request and the specific reason for this transfer request. Please provide as much information as possible; attach supporting documentation as needed.

1. \_\_\_\_\_ A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer.
2. \_\_\_\_\_ Attendance at the school requested is more accessible to the parent's place of work or to location of child care.
3. \_\_\_\_\_ There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer.

In addition to the foregoing, any intradistrict transfer must be in compliance with all other district policies including those relating to student attendance, academic standards, and class size.

### **SECTION II. Certification of Acceptance by Gaining School**

Space is available in the grade level or classes at the building in which the student desires to be enrolled;

Appropriate educational programs or services are available to improve the student's condition as stated in requesting transfer from his or her assigned building; and

The student's attendance at the school is not likely to create a risk to the health or safety of other students or staff.

Approved by Gaining School Principal \_\_\_\_\_

### **SECTION III. Action of Currently Assigned School**

Request for transfer meets district criteria # \_\_\_\_\_ above and is granted for the school year ending \_\_\_\_\_

Approved by Assigned School Principal \_\_\_\_\_

Your request for transfer has been denied for the following reason(s):

Approved by Superintendent \_\_\_\_\_  
**No special transportation will be provided. In case of overcrowding, this transfer will be reconsidered.**

Distribution of Copies: **White Copy** to Gaining School; **Yellow Copy** to Currently Assigned School; **Pink Copy** to District Office