

## Joint School District No. 2 In-district Transfer Application

This application is to be completed by a parent or guardian requesting that a student be transferred from a school in one residential attendance zone within the district to another school within the district. This application must be complete for the transfer to be considered and must be submitted to the sending school principal within the designated timeframes. Applications must be received by the sending principal between **March 1 and June 1 for the fall semester** or between **October 1 and December 1 for the spring semester**. Approval/denial letter will be sent via mail or e-mail by the receiving school within 60 days (policy 501.90).

<b>Student Name:</b> Last _____ First _____	<b>Grade:</b>	<b>School year for requested transfer:</b>
<b>Current Address:</b> Street: _____	<b>Age:</b>	<b>Date of Birth:</b>
City: _____ State: _____ Zip: _____	<b>Home Phone</b>	<b>E-Mail</b>
<b>Name of Father/Step-father/Guardian:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Name of Mother/Step-mother/Guardian:</b>	<b>Work Phone</b>	<b>Cell Phone:</b>
<b>Currently Living with:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian		
<b>Transfer from</b> (school of current residence and/or school currently attending):	<b>Transfer to</b> (requested assignment):	
<b>Special Services being provided at current school:</b> <input type="checkbox"/> Special Education <input type="checkbox"/> GT <input type="checkbox"/> ELL <input type="checkbox"/> 504 <input type="checkbox"/> Other:		
<b>Please check the reason(s) for this request:</b>		
<input type="checkbox"/> Student to remain at current school until the end of current school year <input type="checkbox"/> Pending acquisition of another home (move to be completed within the semester); necessary documentation is attached (building permit or contractor agreement, proof of occupancy) <input type="checkbox"/> Parent/guardian is a district employee <input type="checkbox"/> To allow sibling to attend the same school that another sibling currently attends <input type="checkbox"/> Serious medical/mental/psychological health condition <b>documented</b> by appropriate medical personnel <b>if</b> the student has identified needs that cannot be met at the home campus. <input type="checkbox"/> Victim of a student assault (if student committing the assault is at victim's home campus) <input type="checkbox"/> Documented, unresolved student conflicts exist that cannot be addressed at the home campus <input type="checkbox"/> Day Care <input type="checkbox"/> Other: _____		

**This request is made with full agreement to the following:**

1. Schools of Choice (i.e., magnet/lottery schools) do require an In-District Transfer Application form for students moving to another West Ada School after the student has accepted placement at a School of Choice. All students at Schools of Choice are placed via application and lottery.
2. Transportation is to be provided by the parent/guardian
3. The transfer, once approved, must be renewed annually
4. The student will only be allowed one transfer during a school year
5. Transfer students must abide by the Student/Parent Handbook; the principal may revoke the transfer for persistent misconduct or late arrivals, late pick-ups or poor attendance or if availability of space changes (see page 2)
6. Falsification of information shall cause this application to be denied or revoked
7. The granted transfer does not guarantee specific classes
8. Initial approval must occur with the sending school principal; the receiving principal determines a) grade level enrollment, b) the intended education program, and/or, c) capacity and class loads
9. State and district athletic eligibility rules and regulations govern participation in athletic and activity programs.
10. If the transfer is denied, an appeal can be made to the Regional Director; the decision of the Director is final.

**Parent/Guardian**

**In signing this form, the parent/guardian confirms that he/she has read and understands the information listed on this form and that the information is accurate.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Administrative Only**

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**Reasons for denial shall include, but not be limited to:**

- Overcrowded condition at receiving campus or requires employment of additional staff
- Record of poor attendance, late arrivals, late pick-ups, and/or disciplinary infractions at home campus
- Fines owed
- Transfer was requested for purpose of participating in an extra-curricular activity at receiving campus
- Previous transfer already granted for the year
- Falsification of information
- Failure to meet deadlines
- Failure to meet district criteria for transfer

**Reasons for revocation shall include, but not be limited to:**

- Repeated disciplinary infractions or the student commits a disciplinary infraction which results in expulsion proceedings; following expulsion, student will return to home school
- Documented pattern of late arrivals, late pick-ups, and/or poor attendance
- Falsification of information
- New attendance boundaries drawn
- Availability of space changes

<b>Administrative Comments</b>	
<b>Sending Principal Comments:</b>	
<b>Receiving Principal Comments:</b>	
<b>Transfer Request:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <span style="color: red; font-weight: bold;">Please send a copy of this form to your Regional Director along with the notification letter.</span>	
<b>Sending Principal Signature:</b>	<b>Date:</b>
<b>Receiving Principal Signature:</b>	<b>Date:</b>
<b>Date of Notification:</b>	

<b>Appeal to Director</b>	
<b>Date appeal request received:</b>	<b>Transfer Request:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>
<b>Director's Comments:</b>	
<b>Director's Signature:</b>	
<b>Date of Notification:</b>	

11/5/18