

HARDSHIP TRANSFER REQUEST

Date of Request: _____

Name of Student: _____

Name of Parent/Guardian: _____

Address: _____

Telephone: _____ E-mail: _____

Current Grade Assignment: _____

Building Assignment Based on Address: _____

Requested Grade Assignment: _____

Requested Building Assignment: _____

Has a previous transfer been approved? Yes No If so, when? _____

Hardship Reason for Request (What significant challenge requires your child to be transferred? *If childcare related, please provide name, address and phone number of childcare provider*):

Conditions for Transfer:

1. The parent(s) and/or guardian(s) accept the responsibility to provide their child's transportation to the receiving school. If child care is in the attendance area, bus transportation may be requested.
2. Approval of the transfer request will be contingent upon the receiving school's enrollment.
3. Transfer requests must be submitted annually.

If approved, I accept the conditions for transfer.

Parent Signature

Principal Recommendation (*To be completed by Principal who knows child best considering hardship and current student enrollment*):

Principal Signature: _____

Disposition of Request: _____

Date of Decision: _____