

**REORGANIZED SCHOOL DISTRICT NO. 7
ELEMENTARY SCHOOL INTRADISTRICT TRANSFER REQUEST FORM
2017-18
One Form Must Be Submitted For Each Child**

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

Date of Request: _____ Date Received by Elementary Building: _____

Student First Name: _____ Student Last Name: _____ Preferred Name: _____

New transfer request: Requesting transfer from _____ Elementary to _____ Elementary

Renewed transfer request: Previous transfer from _____ Elementary to _____ Elementary

Requesting transfer for the _____ - _____ school year for the _____ grade

Parent/Guardian: _____

Family Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone : _____

Does your student receive Special Education services? _____ Yes No

If yes, which program? LD SEB Life Skills

Requesting transfer for the following reason:

If your request involves a change of address, proof of residency is required and must be on file, as stated in Board Policy.

I have read and understand the Elementary Transfer Information and Guidelines.

Signature of Parent/Guardian Date

Building office use only

Proof of residency R1 & R2 Received by _____ (office staff member's initials)

Receiving Bldg. Principal Signature Date Sending Bldg. Principal Signature Date

SLC Office Use Only

Signature of Assistant Superintendent Date Application: Approved _____ Denied _____