

CENTRAL SCHOOL DISTRICT 13J INTRA-DISTRICT TRANSFER REQUEST

Date of Request: _____

For School Year: _____

Initial Request: Renewal:

Please Print

Student's Name: Birth date: Current Grade:

Parent(s) Name, address and phone number:

Resident School: School Requested:

Current School/Mostly Recently Attended:

Reason For Request:

Please indicate which services, if any, which this child is currently enrolled in:

Special Education: 504 Plan: English Language Learner: TAG: None:

Transfer Agreement:

If this transfer is approved, you acknowledge that this transfer may be revoked at any time due to attendance issues, behavior issues or lack of academic effort. You further acknowledge that transportation is the responsibility of the parent.

Parent Signature

Date

DISTRICT ACTION:

Resident School Approved Denied

Resident Principal ***Date***

Receiving School Approved Denied

Receiving Principal ***Date***

Superintendent Approved Denied

Superintendent ***Date***