

INDEPENDENCE SCHOOL DISTRICT: IN-DISTRICT TRANSFER REQUEST

The district desires to assist its patrons whenever possible. A special permission enrollment is considered a privilege. Cooperation with the school including good behavior, regular attendance, and academic achievement are responsibilities of the parent and student. If at any time during the school year these conditions are not met, the transfer may be revoked. This enrollment is for a one-year period and must be renewed annually. For high school students, a transfer may result in loss of interscholastic eligibility for a one-year period. All transfers are subject to review at anytime if circumstances change.

Parent(S)/Guardian(S) Name: _____

Address: _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Enrollment For School Year _____ Last School Attended _____

Student Full Name	Birth Date	Current Grade	Neighborhood School or School Transferring From	Requesting Transfer to Which School

REASON FOR REQUEST:

- Completing final year (5th, 8th, 12th grade) at the same school
- Before/after child care in school's boundaries (K-5 students only):
 - Child Care Provider's Name _____
 - Address _____
 - City, State, Zip _____
 - Phone Number _____
- District Teacher or Regular Employee (25 hours/week + benefits)
 - Department/School: _____
- Sibling at new school due to special program
- Extraordinary hardship (attach letter explaining circumstances)

Parent/Guardian Signature _____ DATE: _____

ITEMS TO BE COMPLETED BY SCHOOL OF RESIDENCE PRINCIPAL

Recommend Not Recommended Reason: _____

Principal Signature

ITEMS TO BE COMPLETED BY RECEIVING PRINCIPAL

Recommend Not Recommended Reason: _____

Principal Signature

ITEMS TO BE COMPLETED BY ADMISSIONS CENTER Date Received _____

APPROVED DENIED

Director of Student Data Management/Residency Signature