Clear Form Print

In-District Transfer Request

(For attendance area transfers between schools in the Aberdeen School District)

Please type or print in blue or black ink. **School Year: 20____ – 20____**

STUDENT NAME (first middle last)	BIRTH DATE	GRADE LEVEL (of transfer year)

PARENT/GUARDIAN	PRIMARY PHONE	ALTERNATE PHONE

HOME ADDRESS	EMAIL ADDRESS

ATTENDANCE AREA SCHOOL	CURRENT SCHOOL	REQUESTED SCHOOL

REASON FOR REQUEST *(please be specific and attach supporting documentation as needed)*

☐ Requested school is more accessible to: ☐ Parent/guardian's place of work ☐ Childcare provider.

Address of workplace / childcare provider:

☐ Parent/guardian is an employee of Aberdeen School District.

Name: *Work assignment:*

☐ Student's financial, educational, safety, or health condition would likely improve. *Please explain:*

☐ Special hardship/detrimental condition impacting student or immediate family would likely improve. *Please explain:*

NOTICES AND ACKNOWLEDGEMENTS

- I understand that requests are approved for one school year only, and it is my responsibility to complete a new form each year.
- I understand that I will be responsible for providing transportation to and from school for my student.
- I understand that approval of this request shall be dependent upon the acceptance/rejection standards in the school district's policy, and rescindment (revoking) of this transfer may occur in accordance to the conditions listed in the school district's policy.
- Transfer decisions will be made no later than the 5th day of school.
- If the transfer request is denied, the parent/guardian may appeal in accordance to the conditions listed in the school district's policy.

I have read and understand Policy and Procedure 3131 and the notices and acknowledgments above:

_____ _____

Parent/Guardian Signature *Date Signed*

FOR OFFICIAL USE ONLY

☐ Discussion with attendance area administrator

☐ Space is ☐available ☐unavailable in grade level and/or classes at requested school

☐ Request denied based on discipline and/or attendance issues

☐ Request denied because school cannot adequately meet the needs of the student / family

_____ _____

Principal Name *Principal Signature*

_____ _____

Principal Name *Principal Signature*

_____ _____

District Official Name *District Official Signature*