



Intradistrict Transfer Request

2011-2012 School Year

High School (Grades 9-12)

Student Name		Date of Birth	
Street Address		City	Zip Code
Home Phone		Parent Work Phone	
Parent Name		Parent Contact Info	
Current School and Grade			2011-2012 Grade
Is student receiving special education services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student receiving English as a Second Language services (ESL)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student participating in Chapter 220 or Open Enrollment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your home attendance area school? <input type="checkbox"/> East <input type="checkbox"/> West			
Requesting transfer to? <input type="checkbox"/> East <input type="checkbox"/> West			

**** Please complete the section below that applies to your transfer request. ****

SECTION A: East High School Sibling Request ONLY.		
<input type="checkbox"/> I request that my child attend East High School through the sibling grandfather provision. Below are siblings who <i>attended East High School on or before April, 1997.</i>		
Name	Date of Birth	Years Attended
		19_____ to 19_____
		19_____ to 19_____
		19_____ to 19_____

SECTION B: All Other Transfer Requests
<input type="checkbox"/> I am requesting a transfer to _____ High School for the following reason(s):

_____/_____/_____
Parent or Guardian Signature **Date**
Please do not write below this line.

Director of Student Services Disposition	
IEP Review Date (If applicable)	ESL Review Date (If applicable)
Director of Student Services Signature	Date