

STUDENT IN-DISTRICT TRANSFER REQUEST

For School Year _____

Student's Name: _____ **Birth Date:** _____

Parent Name(s): _____

Address: _____ ZIP _____

Is this a new address? YES / NO If yes, please indicate date of move: _____

Phone: _____ Email: _____

School Requested: _____ **Home School:** _____

Grade level at time of transfer: _____ Does your child receive special services? YES / NO

Other Children in Family:

Name: _____ Grade Level: _____

Name: _____ Grade Level: _____

Name: _____ Grade Level: _____

In-District Transfers will only be considered if they meet one of the following requirements and classroom space exists at requested school: *Please check one and attach required documentation.*****

- Verified Medical Reason requiring alternate school—please attach school Health Plan or 504.
- IEP or 504 plan determined this is the best placement to meet child's educational needs---attach IEP or 504 plan.
- Entering 5th grade year. Attach proof of address and reason why you wish your child to remain in current school.

Siblings of a current 5th grader may be considered for that year only

Parent Signature: _____ Date: _____

- A separate form must be completed for each student request.
- The School District will require proof of residency when reviewing this form. Acceptable proof of residency may be found on the district website.
- **Open Enrollment students are not eligible for in-district transfers.**
- Insofar as you will be transferring outside your regular school boundary, **you will need to provide for your child's transportation to and from school.**
- Return this form to the Student Services Office, 210 W. 39th Street, South Sioux City, NE 68776
- **A signed copy of this form will be returned to you prior to the start of the next academic year.**

Below is the response to your request for your child to attend a school other than his/her boundary school. If your circumstances have changed or this information does not correctly reflect your child's status at this time, please contact your boundary school.

<input type="checkbox"/> TRANSFER REQUEST GRANTED: Your request to have your child attend _____ School has been granted, effective _____.
<input type="checkbox"/> TRANSFER REQUEST DENIED: Reason(s) _____ _____ Principal _____ Date _____

Requests made prior to 2017-18 school year will be grandfathered in.