

INTRADISTRICT TRANSFERS
(Application for Change in School Assignment)

This form is to be used by RESIDENT students requesting assignment to a district school outside his or her attendance area/zone.

Student Information

Name: _____ / _____ / _____
Address: _____
Phone Number: _____ Current Grade: _____ For School Year: _____
Requested School: _____

Reason for Transfer

If request is based on hardship, give full details of the hardship (additional pages may be used if necessary):

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Signature of Parent/Guardian

Date

Submit this form to the school principal of the building to which you are requesting assignment.

FILE: JCB-AF
Critical

Building Level—Office Use Only

Application Has Been: Approved Denied

If Denied, Reason: _____

Signature of Building Administrator/Designee

Date

Central Office Use Only

Application: Approved Denied

Parent/Guardian contacted? Yes No Date: _____

Present school contacted? Yes No Date: _____

Requested school contacted? Yes No Date: _____

Professional recommendations, if required: _____

Signature of Superintendent/Designee

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Revised: 08/27/2007

Clinton School District #124, Clinton, Missouri