

INTERNAL STUDENT TRANSFER WITHIN THE FERNDAL SCHOOL DISTRICT

Student Name: _____ Grade level for year of transfer: _____

Does student have an IEP? Yes / No Student Birthdate: _____
(Or receive Special Education Services?)

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Home) _____ Phone:(Work) _____

Home School (school that serves your neighborhood): _____

Currently attending which school: _____

School to which student is requesting transfer: _____

Is this for the remainder of the year? Yes _____ No _____ If no, for how long? _____

Is there another child in the family for whom a transfer is being requested? Yes / No

If so, student's name: _____ Grade: _____ School: _____

Reasons for Request: _____

It is understood that we, as parents, must assume responsibility for adequate transportation and supervision to and from school. We also understand that if this application is approved, consent is for the specified school year only.

_____ Date _____ Parent/ Adult Signature

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Receiving School Principal Recommendation: Approved Denied* Hold pending 4th day enrollment

Signature: _____ Date: _____

Assigned School Principal Recommendation: Approved Denied* Hold pending 4th day enrollment

Signature: _____ Date: _____

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Request for transfer meets **district criteria** and is Approved Denied* Hold pending 4th day enrollment for the school year ending **2009**.

_____ Superintendent or Designee _____ Date

*Your request for transfer has been denied for the following reason(s):