



Elementary Building Transfer Request

To be completed by Parent/Caregiver:

Transfer School Year: _____ Transfer Year Grade: _____

Student's Name: _____

Parent/Caregiver's Name: _____

Address: _____

Home Phone: _____ Email: _____

Neighborhood School:

- ____ Blumfield
- ____ Karen Western
- ____ Meadows
- ____ Mockingbird
- ____ Seymour
- ____ Wildewood

Requested School:

- ____ Blumfield
- ____ Karen Western
- ____ Meadows
- ____ Mockingbird
- ____ Seymour
- ____ Wildewood

Check Reason(s) for Transfer Request:

- ____ Sibling(s) attend this school*
- ____ We share a household with a relative(s) who attends this school*
- ____ Other (explain) _____

**If you checked Relative(s) or Sibling(s) attend this school, please list the relative(s) or sibling(s) name(s):*

Relatives/Siblings: _____

Parent/Caregiver Signature: _____ Date: _____

Note: Transfer requests are processed and effective when signed by the superintendent or by the designee.

To be completed by Superintendent's Office:

Circle one: Approved _____ Transfer Effective Date: _____
Denied _____ Reason: _____

District Directed Transfer: Y / N Reason: EL / SpEd / Other: _____

Superintendent/Designee Signature: _____ Date: _____

____ Changed in SIMS

____ Letter Sent to Building

____ Letter Sent to Parent

