

RIVERVIEW GARDENS

SCHOOL DISTRICT

IN-DISTRICT TRANSFER APPLICATION

Student's Legal Name: _____ Birthdate: _____
Parent/Guardian Name: _____
Present Address: _____

(City) (State) (Zip Code)
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Home School: _____ **Current Grade:** _____
Requesting transfer to: School: _____ School Year: _____

Specific Reasons/Basis for Request to Transfer

- Recently moved and would like to have student remain at school currently attending
- Hardship: letter specifying hardship required from psychologist, psychiatrist, social worker or physician
- Educational program that are unique and special and do not exist at the student's home school, excluding extra-curricular activities.
- Other, Please specify: _____

(Please use an additional sheet of paper if further space is needed.)

Guidelines for In-District Transfer

- Only one (1) in-district transfer per child/school year.
- If there is a change in address in the course of the school year, the parent must fill out an in-district transfer application to request that their student remain at the school until the end of the school year.
- Transportation will be the responsibility of the parent/guardian of the child on any in-district transfer.
- In-district transfers will be reviewed at the semester and may be denied due to overcrowded conditions, unsatisfactory attendance (including tardies and leaving campus early), or unsatisfactory behavior.
- Providing false information may cause this transfer to be REVOKED IMMEDIATELY.
- An in-district transfer, unless revoked, will expire at the end of a student's 5th and 8th grade year.

Parent Acknowledgment & Signature

I verify that the above information is a true and accurate account of my residential status. I understand that fraudulent and misrepresentation of the above will be grounds for denial of my student's enrollment at the requested school. My signature below indicates that I have read this statement and understand the conditions, which apply to the in-district transfer process.

Parent/Guardian Signature: _____ Date: _____

SCHOOL LEVEL APPROVAL

HOME SCHOOL:
___ Approved ___ Hold ___ Denied* ___ *Lack of Space ___ *Behavior ___ *Attendance

(Authorized by) (Date)

RECEIVING SCHOOL:
___ Approved ___ Hold ___ Denied* ___ *Lack of Space ___ *Behavior ___ *Attendance

(Authorized by) (Date)

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IN-DISTRICT TRANSFER APPLICATION

FOR DISTRICT OFFICE USE ONLY

Approved Hold Denied* *Lack of Space *Behavior
*Attendance

(Authorized by)

(Date)

Parent Notified by:

Mail Phone In Person Left Message