

**JEFFERSON COUNTY SCHOOLS
APPLICATION TO TRANSFER FROM ONE SCHOOL ATTENDANCE AREA TO ANOTHER**

All questions are required to be completed or the form will be returned and processing will be delayed. Only one student per form.

School Year	_____ Current Year	_____ Grade	Complete Only One Year	_____ Next Year	_____ Grade
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Student Information

Last Name _____ First Name _____ Middle Name _____ Age _____

Please list other siblings that are transferring _____
A separate form must be completed for each listed.

School district in which student lives _____

School district in which student wishes to attend _____

Does student have an IEP Yes No If yes, what exceptionality? _____

Name of Parent or Guardian	Mailing Address	City & State	Zip Code
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911 Residence Address	City & State	Zip	Phone Number
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- Reason for transfer request (Mark one)
- Child Care
 - Employee
 - Moving (Moving -- wish to stay in same school)
 - Preference
 - Same School
 - Siblings Together
 - Other _____

PLEASE READ----->

This transfer is contingent upon the parent providing transportation, the student maintaining satisfactory attendance, behavior, and timely remittance (example: lunch bills and school debits).

Please read the statement listed above, for important information.

Is this a continuous transfer? Yes No

If yes, how many years has your child attended this school? _____

Other information _____

If you are an employee of Jefferson County Schools, please indicate your location and position? _____

I understand, should this transfer be approved, at such time as it may cause the class in which my child is enrolled to exceed the pupil-teacher ratio to twenty to one in kindergarten, twenty-five to one in grades one through six and/or as specified in State Policy 2419 for special education, my child will be transferred back to the school which services his or her attendance area.

What relationship are you to the listed student? _____

Signature of Parent or Guardian Date

FOR OFFICE USE ONLY

<p align="center">HOME DISTRICT</p> <p><input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>_____ Signature of Principal Date</p>	<p align="center">RECEIVING DISTRICT</p> <p><input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p>_____ Signature of Principal Date</p>
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BOARD OFFICE	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____ Signature of Superintendent or Designee	_____ Date