

## Columbia Public Schools • Secondary Transfer Request Form (Grades 6 - 12)



<p><i><b>For Central Office Use Only:</b></i></p> <p>Date: _____ Initials _____</p>	<p><b>Approved:</b></p> <p style="padding-left: 20px;"><i>Continual</i></p> <p style="padding-left: 20px;"><i>1-Yr Only</i></p> <p><b>Denied</b></p>	<p><b>Employee</b></p> <p><b>JCB</b></p> <p><b>Other</b></p> <p><b>8<sup>th</sup> Grade</b></p> <p><b>12th Grade</b></p>	<p><i>Central Office Use Only:</i></p> <p style="text-align: center;"><b>SCHOOL YEAR</b></p> <p style="text-align: center;">_____</p>
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In keeping with Board of Education policy, students are expected to attend the school which serves the attendance area in which they reside. Under this policy, transfers from one secondary school to another are discouraged, but may be granted under certain circumstances.

- Transfers are not approved for reasons related to athletic or music participation.
- Student behavior and attendance concerns may have an impact on the initial and continued acceptance of a transfer.

*Under MSHSAA regulations, any **high school or middle school student** who chooses to attend a school other than the school in his/her home attendance area, shall be eligible only at the sub-varsity level in all sports for 365 days from the date of transfer approval.*

- **All requests for transfer for the following fall semester must be submitted to the Supervisor of Student Services by April 1 annually, and students will be notified of the decision by mail by May 1.**
- **Requests made after April 1 will not be processed until two weeks after the start of the new school year when enrollment numbers have stabilized.**

**Persons requesting a school transfer should complete both sides of this form.**

Date \_\_\_\_\_ Requested Start Date \_\_\_\_\_

Student Number \_\_\_\_\_

Student's Name \_\_\_\_\_

Last    First    MI    Birthdate

Student's Address \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current School \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Last    First    Title

Address (if different) \_\_\_\_\_

Telephone (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

School **FROM** which student wishes to transfer \_\_\_\_\_

School **TO** which student wishes to transfer \_\_\_\_\_

Does your child have: A current *Individual Education Plan (I.E.P.)*?     Yes     No    A current *504 Plan*?     Yes     No

If "Yes" for either of the above, please indicate services received:

Reason(s) for requesting transfer:

**I understand that, if the transfer is approved, I will be responsible for providing transportation.**

Signature of parent or guardian

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