Columbia Public Schools • Secondary Transfer Request Form (Grades 9 - 12)
Summer School

For Central Office Use Only: Date: _____ Initials _____	**Approved: Summer Only** **Denied**	***Central Office Use Only:*** **SCHOOL YEAR** **_____**

In keeping with Board of Education policy, students are expected to attend the school which serves the attendance area in which they reside. Exceptions may be made in the best interest of the student and/or the school. 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.

- **All requests Summer School transfers must be submitted to the Summer School Office by April 1. Confirmation of approval will be made by phone or email.**

- Requests determined to be of an urgent nature may receive consideration outside the April 1 time frame. NOTE: A Summer School transfer approval does not carry over into the next school year.

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

Date _____

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 _____

Reason(s) for requesting transfer:

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

Signature of parent or guardian

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