PHOENIX-TALENT SCHOOLS

INTRA-DISTRICT TRANSFER REQUEST

Elementary School Transfer Form

Resident School: _____

Requested School: _____

School Year: _____

Request must be submitted to the RESIDENT SCHOOL OFFICE

CONDITIONS OF TRANSFER

1. A student transfer is dependent on space available in the school of your choice. Each year some elementary schools are closed to transfers due to over enrollment.
2. Transportation is the responsibility of the family.
3. Transfers may be revoked by the School District for irregular attendance, chronic tardiness, or persistent refusal to abide by rules for student behavior in effect at the school.
4. The transfer, ***if already on file***, will be renewed annually. The conditions of the renewed transfer will still apply.

Student's Legal Name: _____ Grade: _____

Last First Middle

Parent/Guardian Name: _____

Home/Physical Address _____

Street, Apt # City, State and Zip

Mailing Address: _____

If different

Primary Phone: _____ Email: _____

Reason for requesting transfer: _____

_____

_____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY:

RESIDENT School Principal: ❒ Approved ❒ Denied Date: _____ Initials: _____

RECEIVING School Principal: ❒ Approved ❒ Denied Date: _____ Initials: _____

SUPERINTENDENT: ❒ Approved ❒ Denied Date: _____ Initials: _____

Comments: _____

_____

REV 6/2022