



INTRA-DISTRICT TRANSFER REQUEST

TO TRANSFER BETWEEN SCHOOLS IN THIS DISTRICT

Initiated for the _____ school year

Welcome to EESD! We are happy to provide school choice to our parents and students, and we aim to make transferring within our district a simple, convenient process. Complete this form and turn it in with your registration packet. We'll do the rest and contact you within 10 days about your application.

Please note that the District does not provide transportation to a requested school of attendance; this is the parent's responsibility. Approval of this transfer request is dependent on enrollment, and priority is given to students who live within the boundaries of the school. Approved intra-district transfers do not expire and need not be renewed, but may be revoked for a number of reasons including behavior and attendance issues.

Student's name

Grade

Parent/Guardian name

Phone number

Current home address

School of residence

School desired

School student attended last year

Reason you are requesting this transfer

I have read, I understand, and I agree to the information and conditions set forth above.

Parent/Guardian signature

Date

Sign and route form as follows:

School of Residence Administrator Initials: _____

School of Choice Administrator Initials: _____

District Initials: _____

Parent notified _____ | _____
date | by

Copy of fully executed document will be sent to parent, school of residence, and school of choice.