

Identified Learning Needs/Special Needs (diagnosis, Ministry of Education Designation) YES NO

Student currently has an Individualized Education Plan (IEP) YES NO

(The identification of a learning/special needs and/or IEP is to ensure that school staff organize a Student Intake Meeting appropriate.)

Parent/ Legal Guardian Information (please print)

Parent/Legal Guardian Relationship to Student

Last Name

First Name

Address (if different from student)

Home Phone

Work

Cell

Email

School Information

Name of school where student currently attends

City

Grade

School phone number

PEN #

Name of school where student is requesting to transfer

Grade

Reason for Transfer (please indicate the reason(s) why this student is requesting to attend this school):

Parent/Legal Guardian Signature

Date

For Office Use Only to be completed by requested school

...Cross-District Transfer Application Form signed by current school administrator

...Cross-District Transfer Application Form signed by parent/legal guardian

...District Priority Category verified District Priority Category