

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

SCHOOL TRANSFER REQUEST FOR SCHOOL YEAR 20__ - 20__
For use with transfer requests during the current school year.

I/We, _____ residing at _____
Parent/Guardian Address

wish to transfer our child/children from _____ to _____ on _____
(School) (School) (Start Date)

REASON: _____

NAME(S) OF CHILDREN	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We understand that, if this transfer is approved, our child/children may be subject to being moved back to the original or another school if the receiving school becomes overcrowded in grades.

I/we also understand that I/we are responsible for transportation to and from the receiving school provided there is no direct bus service from our area to the receiving school.

Parent/Guardian's Signature Date of Request Telephone Number

PROCEDURE FOR RESPONDING TO REQUEST: 1) After completing this form, the requester submits the form to the principal at the SCHOOL OF ORIGIN (ATTENDING OR NEIGHBORHOOD SCHOOL) and discusses the request. 2) After attending principal review, the principal will forward the form to the principal of the PROPOSED SCHOOL for review. 3) The form will then be forwarded to District Services for a final decision on the request. Requests may be denied for the following reasons including but not limited to: 1) class size, 2) imbalanced class enrollments across sites, 3) students who have attended multiple elementary schools or 4) other administrative reasons. Transfers are discouraged after the start of the school year. Hardship cases may be considered.

RECOMMENDATIONS ON SCHOOL TRANSFER REQUEST:

		Check one:	
_____ Current Principal Signature	_____ Date	YES	NO
_____ Proposed Principal Signature	_____ Date	YES	NO

Approved - Check one:	YES	NO
<u>If denied, reason:</u>		
_____ Director of Student Services Signature		_____ Date