

CHOICE TRANSFER REQUEST

Return completed form to your resident district:

SCHOOL INFORMATION	
Resident District: _____	<input type="checkbox"/> New Request <input type="checkbox"/> Renewal
Resident School: _____	School Year: _____ (one year only)
Requested District: _____	Start Date: _____ (if mid-year transfer)
Requested School: _____	End Date: _____

STUDENT INFORMATION (one form per student)	
Student: _____	Birth Date: _____ Grade Level: _____ (of transfer year)
<div style="display: flex; justify-content: space-between;"> First Middle Last </div>	
Parent/City _____	Zip _____

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REASON for REQUEST
<input type="checkbox"/> 7 KH VWXGHQW TV ILQDQFLDO HGXFDWLRQDO VDIHW\ RU KHDOWK FR <input type="checkbox"/> AttendanFH LQ WKH QRQUHVLGHQW GLVWULFW LV PRUH DFFHVVLEOH WR <input type="checkbox"/> There is a special hardship or detrimental condition. <input type="checkbox"/> The purpose of the transfer is for enrollment in an online course school program offered by an OS approved provider. <input type="checkbox"/> Parent/guardian is an employee with the requested school district. Explanation: _____ _____

BEHAVIOR (attach sheet with explanation for any yes answers)	
Does the student have a record of conviction of crimes, violent or disruptive behavior or gang members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been expelled or suspended for more than 10 consecutive days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the student repeatedly failed to comply with requirements for participation in an online school program such as participating in weekly direct contact with the teacher or monthly ~~assessments~~ ~~assessments~~? Yes No

