



OFFICE USE
<input type="checkbox"/> Presently Attending

2024-2025 Intradistrict Permit to Transfer Application

Student Name _____ Grade _____ Gender _____ Race _____

Address _____
 (Street Address) (City) (State) (Zip)

Phone Number _____ Student's Date of Birth _____ Email address _____

- Does this student receive Special Education Services? Yes No
- Does this student receive 504 Services? Yes No
- Will the student participate in Athletics? Yes No

Please note that receiving a permit does not make a student eligible for extracurricular activities.

Request Transfer from: _____ to (1) _____
 (Zoned School) (2) _____ (Requested School(s))

Explain briefly your reason for requesting transfer (attach an additional sheet if necessary):

TRANSPORTATION IS NOT PROVIDED.

 (Parent/Guardian Signature) (Date)

A request for Medical Transfer must be accompanied by a statement from the student's physician and a statement from the District's health services personnel stating specific reasons the student's needs cannot be met at the assigned school. Please attach both statements to this form.

FOR OFFICE USE

Type of transfer requested: (For office use only) **Approved** **Denied**

		eSchool Code(s)	
<input type="checkbox"/> Change of Residence	CR	B	_____
<input type="checkbox"/> Change in Guardianship	CG	C	Assistant Superintendent for Equity and Pupil Services
<input type="checkbox"/> Miscellaneous	MISC	H	_____

Transfer for Cause:

<input type="checkbox"/> Disciplinary Cause	DC	D	_____
<input type="checkbox"/> Medical Cause	MC	E	Date
<input type="checkbox"/> Curricular Cause	CC	F	
<input type="checkbox"/> Hardship Cause	HC	G	