



OPEN TRANSFER REQUEST

(To Be Completed by the Person Claiming Custody of the Student)

Board Policy #7.30, Student Assignment, stipulates the following: "Students living in a given school attendance area shall attend that school. The Superintendent shall establish administrative procedures for approval of parental requests for student(s) to transfer to another school within the District. Students who are granted a transfer within the District shall be responsible for their own transportation.

I. Identifying Information: *(Please print)*

Student:

Person Claiming Custody:

[Name]

[Name]

[Address]

[Address]

[Telephone Number]

[Telephone Number]

[Relationship to Student]

[Email Address]

II. Open Transfer Procedures:

1. **Each Year by May 1st** a parent or guardian must complete and file the Open Transfer Request Form with the Office of the Superintendent.
2. The Administrative Leadership Team will review:
 - a. parent rationale,
 - b. analyze the educational setting,
 - c. availability of space, and
 - d. availability of support services.
3. The Office of the Superintendent will determine if there exists the availability of space and the necessary support services at the school of the proposed transfer for the next school year.
4. The Superintendent will be responsible for making the final determination on the open transfer request.
5. Parents will be notified of the decision prior to the end of the current school year.
6. If a transfer is approved, it shall be the parent's responsibility to provide transportation for the student to and from school.

III. Name of school of the child's school attendance area: _____

IV. Name of school the parent is requesting: _____

V. Parent/Guardian Rationale: *(Please indicate in the space below the rationale or basis for this request)*

VI. Supportive Services: (Please complete all of the following questions)

- 1) What is the age of your child? _____
- 2) Grade of child for the year of the open transfer. _____
- 3) Has your child been granted an open transfer request in the past? _____
- 4) If granted, then which District 59 school? _____
- 5) Is your child receiving special supportive services as part of their school day program? _____ No _____ Yes (If yes, please explain)

VII. Warning and Authorization:

I understand this request will only be approved if a determination can be made that no potential adverse effects to a school's organization and/or staffing will occur as a result of such approval. **I understand approval is for the school year requested with no guarantee that my child will be allowed to continue to attend the requested school beyond the year requested.**

If this request for open transfer is approved, I will make sure my child is on time to school and picked-up promptly after school each day. I further understand that I am responsible for my child's daily transportation to and from school and that I may annually request pay for bus transportation on an established bus route of the requested school with two installment payments – one in August and one in January.

Signature of the Person Claiming Custody of the Student

Dated: _____

Subscribed and Sworn to before me this _____ day
of _____, 20____

Notary Public