

REQUEST FOR SCHOOL CHANGE

A parent or guardian may request that his or her child be allowed to attend another school in the district. Students shall attend the school designated for their respective residential areas unless an individual Request for School Change has been approved according to district policy. Requests for school change are effective for one year only. Any student who develops a pattern of tardiness or non-attendance, or discipline issues will have their acceptance revoked. Requests for School Change will be reviewed by the building principals, and the decision will be communicated to the parent by telephone or letter. Students should remain in their assigned school until notified of the decision.

The following factors shall be considered when granting student transfers:

- A. Whether financial, educational, safety, or health conditions affecting the student would be reasonably improved as a result of the transfer:
- B. Whether attendance at another school in the district is more accessible to the parent's place of work or to the location of child care;
- C. Whether other special hardships or detrimental conditions affecting the student or the student's immediate family would be alleviated as a result of the transfer;
- D. Whether space is available in the grade level or classes at the building in which the student desires to be enrolled;
- E. Whether appropriate transportation, educational programs or services are available to improve the student's condition;
- F. Whether the student's transfer is likely to create a risk to the health or safety of other students or staff at the new building.

| Student Name: | Grade Level: | |
|---|---------------------------------------|-----------------------------|
| (One form for each student please) | (Grade level when | n change is to take effect) |
| Neighborhood School Assignment: Requested School Assignment Requested date for change to take effect: | | |
| Does student receive Special Education/related services? Other school-age children in the home: | [] Yes [] No | |
| NAME | <u>SCHOOL</u> | GRADE |
| | | |
| Parent/Guardian Name: | Telephone | e: |
| Address: | Work Phone: | |
| Reason for request: | | |
| Daycare address: | Please co. | mplete form on back |
| I understand that, if my request is granted, I am responsible | e for transportation to and from the | requested school. |
| (Parent Signature) | (Date) | |
| FOR SCHOO | L OFFICE USE ONLY | |
| Neighborhood Principal's Recommendation/Comments: | | |
| [] I recommend that this student go to the requested school | . [] I recommend that this student go | to the neighborhood school. |
| Comments | | |
| (Principal's Signature) | (Date) | |
| | | |

The withdrawal date at will be . All records/files will be sent to



CHILDCARE INFORMATION INFORMACION sobre GUARDERIA

If you have indicated that childcare is the reason for your attendance area waiver request, please complete this form, have it signed by your child's childcare provider, and submit it along with your waiver request. Si usted ha indicado que la guardería de su estudiante es la razón para su asistencia fuera de su área de vecindario, por favor complete esta forma, obtenga la firma de la guardería de su niño, y lo somete junto con su petición.

| Student Name/Nombre de Estudiante: | Grade Level/Grado: |
|--|--|
| Street Address/Domicilio: | |
| Neighborhood SchoolEscuela de vecindario: | Parent/Nombre: |
| Home Phone/Teléfono de Hogar: | Work Phone/Teléfono de Trabajo: |
| | e provider's verification |
| Comprobación | de proveedor de Guardería: |
| Name/Nombre del estudiante: | |
| Address/Domicilio: | |
| Childcare location neighborhood s | chool/ Escuela de guardería: |
| Telephone/Teléfono: | |
| | is provided for this student at this address que usted provee cuidado de niños a este estudiante en su |
| Monday/lunes Tuesday/martes We | ednesday/miercoles Thursday/jueves Friday/viernes |
| | nildcare to the above named child during the school year. o de niño al estudiante nombrado anterior durante el año escolar. |
| | Date/Fecha: |
| Childcare provider's signature/ firma de proveedor o | ae guaraeria |