WEST VALLEY SCHOOL DISTRICT

INTRA-DISTRICT TRANSFER REQUEST

_____ SCHOOL YEAR

Requests for transfer from a student's boundary school to a school outside of their residential boundary will be granted on an extremely limited basis. In order to ensure space for resident students, the district will limit or restrict transfers at some schools.

All requests for intra-district transfer must be submitted to the district office to be considered for approval. Decisions are made in Mid-August for the upcoming school year.

Date: _____   Initial Request: _____   Yearly Renewal: _____

Student Name: _____ Grade Level: _____

Home Address: _____

Parent/Guardian Name: _____ Phone #: _____

Is parent/guardian employed by the West Valley School District? _____yes   _____no

Boundary school: _____ Requesting transfer school: _____

In the space below, identify the specific reason for this transfer request. Attach supporting documentation as needed.

_____

_____

Agreement:
If this request is approved, I understand the following:
- The student named above will fully comply with school rules.
- Bus transportation will not be provided; we as parents/guardians will transport our child to and from school.
- The student may be remanded back to the home boundary school at any point in the school year if space reaches capacity.
- The student will remain in good academic standing/pass classes.
- The student will have consistent attendance, will be on time to school and be picked up promptly at dismissal time.
- If granted, this transfer is good only for the current school year; applications for renewal must be made/granted yearly.

We understand and comply with the terms of this form. We have accurately provided the information requested. I understand that falsifying information and/or signatures may result in immediate withdrawal from West Valley School District.

_____   _____
Parent Signature   Date

For Administration Use Only

Date Received_____   ☐Approve ☐Deny   Assistant Superintendent's Signature _____

Boundary School Principal Consulted ☐ _____(date)   Requested School Principal Consulted ☐ _____ (date)

Parent Contacted ☐ _____(date) by _____