

## **INTRA-DISTRICT TRANSFER REQUEST**

## \_SCHOOL YEAR

All requests for intra-district transfer must be approved by the WVSD office and coordinated with the building principals at both your currently assigned school and the school to which the student seeks to transfer.

Date:	New Request: Renewal:
Student Name:	Grade Level:
Home Address:	
Parent/Guardian Name:	Phone #:
Is parent/guardian employed by the West Valley School Distr	ict?yesno
Boundary school: Reque	sting transfer school:
In the space below, identify the specific reason for this transfe	er request. Attach supporting documentation as needed.

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In addition to the foregoing, any intra-district transfer must be in compliance with all other district policies, including those relating to student attendance, academic standards and class size.

Upon approval of this transfer request, the parent/guardian assumes responsibility for on-time transportation to and from school.

## Agreement:

If this request is approved, I understand that the student named above will be subject to and will comply fully with the same school rules and regulations as other students. It is understood that we, as parents, must assume responsibility for adequate transportation and supervision to and from school. Students are required to have prompt and regular attendance/no excessive absences or tardies; academic achievement/no F's in any classes and or no excessive behavioral issues or suspension from school. Incompliance to any of the above requirements may result in immediate remanding to boundary school.

I further understand that failure to comply may result in withdrawal of permission to attend the non-resident school.

Parent Signature

Date

For Administration Use Only	
Date	Approve Deny Principal Signature from boundary school:
Date	Approve Deny Principal Signature from requested school:

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