REQUEST FOR INTER-DISTRICT TRANSFER
Graves Elementary School District

☐ New Request  ☐ Renewal (continuing transfer)  

For School Year _____ to _____

Graves School District has a policy with locally determined criteria for accepting/denying inter-district transfers. After reviewing the conditions on the attached form, check the reason for your request and attach written supporting explanation and/or documentation if necessary.

STUDENT NAME: ______________________________ GRADE: _____ (For year of attendance requested)
I am requesting to transfer:

FROM: __________________________________________
Name of District of Residence

□ Is this student currently in Special Education? YES ☐ NO ☐
□ Has the student ever been expelled? YES ☐ NO ☐

TO: __________________________________________
Name of District of Desired Attendance
□ Does this student have a 504 status? YES ☐ NO ☐

NOTE: Student must maintain a 2.0 GPA or higher and possess good behavior and attendance to continue attending Graves School. Violation of school rules may result in transfer back to resident school.

This request is made for the following reason(s):

☐ Complete current school year

☐ Parent/Guardian employed within the district (name and address of employer) __________________________

☐ Child care (name and address of provider) ______________________________________________________

☐ Sibling/relative attending (name, grade level & school)__________________________________________

☐ Other _______________________________________________________________

Parent/Guardian Name __________________________ Address __________________________ Date of Request __________
Home Phone __________________________ Work Phone __________________________

City/State __________________________ Zip Code __________________________

ACTION OF DISTRICT OF RESIDENCE
☐ Approved ☐ Conditional Approval ☐ Denied
Reason for denial: ______________________________

By: __________________________ Authorize Representative Date __________

Title: __________________________

Terms of Conditional Approval: ______________________________

ACTION OF DISTRICT OF DESIRED ATTENDANCE
☐ Approved ☐ Conditional Approval ☐ Denied
Reason for denial: ______________________________

By: __________________________ Authorize Representative Date __________

Title: __________________________