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: _____ TO: _____
Name of District of Residence Name of District of Desired Attendance

- Is this student currently in Special Education? YES ☐ NO ☐ Does this student have a 504 status? YES ☐ NO ☐
- Has the student ever been expelled? 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 _____ Date of Request _____

Address _____ Home Phone _____ Work Phone_____

_____ _____

City/State Zip Code Signature of Parent/Guardian

ACTION OF DISTRICT OF RESIDENCE

☐ Approved ☐ Conditional Approval ☐ Denied

Reason for denial:_____

By: _____
Authorized Representative Date

Title:

Terms of Conditional Approval: _____

ACTION OF DISTRICT OF DESIRED ATTENDANCE

☐ Approved ☐ Conditional Approval ☐ Denied

Reason for denial: _____

By: _____
Authorized Representative Date

Title: _____