



# DISTRICT 186

SPRINGFIELD PUBLIC SCHOOLS

## Application for Student Transfer – Kindergarten - 5th Grade 2018-2019 School Year

Springfield Public School District 186 offers attendance center transfers to students who meet certain criteria. **ALL TRANSFERS ARE DEPENDANT UPON CLASS SIZE AND CRITERIA PUT FORTH IN DISTRICT 186 BOARD POLICY.** This form must be completed and returned to the Director of School Support, Springfield Public Schools, 1900 West Monroe, 62704 or email [jellis@sps186.org](mailto:jellis@sps186.org) by **June 1<sup>st</sup>, 2018.** **APPLICATIONS SUBMITTED AFTER THIS DATE MAY BE APPROVED ONLY IF ADEQUATE STAFF IS ESTABLISHED AND STUDENT SPACE IS AVAILABLE.** Parents of students on transfer to a school other than their home school are responsible for transporting their child to/from school. If a transfer request is granted for 2018-19, please note that the child must register at the school where he or she is transferring. The completion of this form does not guarantee approval of a transfer. **Please complete a separate application form for each student.** **Transfers may be revoked due to poor attendance and/or continued behavior problems ONLY after consultation with the parent; interventions/supports were implemented; and the recommendation to revoke the transfer was reviewed by the Director of School Support.** For more information about student transfers, call the School Support Office at 525-7911.

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Age: \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/date/year) My Child has an IEP: Yes  No

Student's Sex: Male  Female  Race: \_\_\_\_\_ Grade in 2018-2019: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

I wish to have my child transferred from: \_\_\_\_\_ School to: \_\_\_\_\_ School

Reasons for Transfer Request: My child's care provider lives in the requested area: Yes

Care provider's name, address, phone number:

\_\_\_\_\_

Other reasons: \_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

For Office Use Only: Transfer Request: Granted  Denied

Jason Wind, Director of School Support

Date