



## Application for Student Transfer – Kindergarten - 5th Grade 2019-2020 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 [cbrown@sps186.org](mailto:cbrown@sps186.org) by **June 1st, 2019.** **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 2019-20, 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; the parent received a letter from the school indicating specific behavior and/or attendance records; interventions/accommodations were appropriately 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 2019-2020: \_\_\_\_\_

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

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

Care provider's name, address, phone number:

\_\_\_\_\_

Other reason(s): \_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

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For Office Use Only: Transfer Request: Granted  Denied

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Jason G. Wind, Director of School Support

Date