

East Valley School District #361

Application for Student Transfer

- In District
 Out-of-District

Transfers are effective for one school year only.

For school year _____

All choice applications must be renewed on an annual basis.

Student Name (Please Print)	Current Grade	Grade for which request is being made	Birth Date	Age
Address	City	State	Zip	
School District & Home school in which you reside	School currently attending (If ECEAP, school attended)		School you wish to attend	

Please identify the specific reason for this transfer request (attach supporting documentation as needed)

- Does this student have any special medical or educational needs (e.g. special education placement, medical needs)? If yes, please explain and include, if applicable, current IEP or accommodation plan. Yes No

- Has this student been expelled or suspended from school at any time? Does this student's disciplinary record show a history of violent or disruptive behavior/gang membership or a history of drug abuse? If yes, give complete details. Yes No

Has the student participated in any sport at the high school level? Yes No

Any student who transfers without a corresponding change of residence is ineligible for varsity level competition for a period of one (1) year from the date of enrollment. A student athlete who is in this situation needs to make contact with the building athletic administrator.

Parent/Legal Guardian Signature

By my signature, I state that the information set forth is true and complete to the best of my knowledge. I understand that:

- 7 days from start of school is the deadline for finalizing transfers.
- Inaccurate or incomplete information will result in the rejection of this application.
- All choice applications must be renewed on an annual basis.
- It is the responsibility of the parent to provide transportation to and from school.
- Continued attendance is contingent on the student behavior. Student needs to be in attendance and punctual to all classes. Policy #3200 Student Responsibilities and Rights.
- I understand that application does not automatically give approval for acceptance.

I authorize East Valley School District to contact student's previous school in order to consider this application.

Parent/Legal Guardian (Signature)	(Please Print Name)	Date
Home Phone	Work Phone	Cell Phone

Application Approved

Application Denied

(Reason for denial)

Signature: Principal/Designee of Receiving School

Signature: Principal/Designee of Sending School

**EVSD OUTGOING STUDENTS REQUIRE SUPERINTENDENT'S SIGNATURE FOR RELEASE
RECEIVING SCHOOL MUST SIGN ACCEPTANCE PRIOR TO EVSD RELEASE OF STUDENT**