



## Transfer Request to Return to Neighborhood School for UTK Students

This form is for Universal Transitional Kindergarten (UTK) students.

Important: Principals at both sites must approve and sign. Enrollment in the neighborhood is subject to space availability. This form is not be used for students who were accepted at the site via Choice.

Pupil's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Current School of Attendance \_\_\_\_\_ Neighborhood School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Household Address \_\_\_\_\_

Best number to reach you \_\_\_\_\_

Check reason for request:

- Loss of transportation
- District employee working at this site. Name of employee: \_\_\_\_\_
- Sibling at the site. Sibling's name: \_\_\_\_\_
- Other: \_\_\_\_\_

I request the above-named student be transferred from his/her current school of attendance to attend the neighborhood school for the reason(s) stated. The request can only be approved if there is space available at the neighborhood school. I understand that the student must remain in the current school of attendance until the end of the school year or until the transfer request has been approved by the neighborhood school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR SCHOOL AND DISTRICT USE ONLY

Authorized Signatures

#### To be completed by current school of attendance

- School site administrator have met with parent/guardian to discuss the reason for transfer

School Principal	Signature	School of Attendance	Date
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#### To be completed by neighborhood school site

- School site administrator have met with parent/guardian to discuss the reason for transfer.

As the authorized administrator for the resident/neighborhood school, I recommend the following action (select one):

- Approval
- Denial due to lack of capacity at school

School Principal	Signature	Neighborhood School	Date
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A copy of this form must be sent to Enrollment Options Office, Annex 12.