

TRANSFER REQUEST/ BREAK GRADE APPEAL FORM



Student ID: _____ **Last Name:** _____ **First Name:** _____
Address: _____ **Zip Code:** _____
Date of Birth: ____/____/____ **Current School:** _____ **Grade:** _____ **Ed Type:** _____
Home Telephone: () _____ - _____ **Cell:** () _____ - _____ **Emergency:** () _____ - _____

Elementary Schools

Choose (√)

- | | |
|--|---|
| <input type="checkbox"/> Bailey | <input type="checkbox"/> Messer & Annex |
| <input type="checkbox"/> Carnevale | <input type="checkbox"/> Pleasant View |
| <input type="checkbox"/> D'Abate | <input type="checkbox"/> Reservoir |
| <input type="checkbox"/> Feinstein @ Broad St. | <input type="checkbox"/> Spaziano & Annex |
| <input type="checkbox"/> Feinstein @ Sackett St. | <input type="checkbox"/> Veazie |
| <input type="checkbox"/> Flynn | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Fogarty | <input type="checkbox"/> West |
| <input type="checkbox"/> Fortes & Annex | <input type="checkbox"/> W. Broadway |
| <input type="checkbox"/> Gregorian | <input type="checkbox"/> Windmill |
| <input type="checkbox"/> Kennedy | <input type="checkbox"/> Woods |
| <input type="checkbox"/> Lauro | <input type="checkbox"/> Young |
| <input type="checkbox"/> Lima & Annex | |

Middle Schools

Choose (√)

- Bishop
- Bridgham
- DelSesto
- Greene
- Hopkins
- Stuart
- Williams

High Schools

Choose (√)

- Alvarez
- Central
- Cooley
- E-Cubed
- Hope Arts
- Hope IT
- Mt. Pleasant
- PAIS
- PCTA

If the student has a **sibling** that is currently enrolled at the school you have checked above, please fill out the following information.

Sibling: Last Name: _____ First: _____
 Date of Birth: _____ Grade: _____ Ed Type: _____

Reason for Transfer: Check the statement(s) that may apply to the student's reason(s) for requesting a transfer.

- Transportation:** Parent would like the student to attend a school closer to home (a neighborhood school).
- Sibling:** The student has a sibling currently attending the school being requested.
- Program Availability:** The student is currently attending a school that does not offer a particular sports or academic program.
- Other (Please explain):** _____

Attention parents please read and sign below

- » After the last day of the first quarter, this form will qualify your child to go on a waiting list for September of the next school year.
- » Be advised that your waiting list school must be a neighborhood school to be a valid choice with the exception of break grades.
- » Students not transferred by the end of the first quarter will have to fill out a waiting list update form in order to remain on the waiting list for the following school year.
- » **Please note that no student will be transferred during any of mandated testing periods** (for specific dates contact the school the student is currently attending).

Parent Signature: _____ Date: ____/____/____

Printed Name: _____ Verified Parent _____ Staff Initials _____

FOR OFFICE USE ONLY

Type of Transfer: Transfer Form Break Grade Appeal Neighborhood Category: Neighborhood Non- Neighborhood
 Request Status: W— placed on waiting list D — Does not qualify O — other L—Already Placed

Date: _____ School Assigned: _____ Placement Officer Initials: _____