

REQUEST for STUDENT TRANSFER to ANOTHER ELEMENTARY SCHOOL
 Bloomington Public Schools, School District 87 Bloomington, Illinois

INSTRUCTIONS: An elementary student must attend the school in the Bloomington Public Schools, School District 87 elementary attendance area where the parent or guardian lives, unless the student has received approval for transfer to a school in another Bloomington Public Schools, School District 87 attendance area. A transfer from one Bloomington Public Schools, School District 87 attendance area to another will be based on specific factors that affect the education and welfare of the student, and enrollment conditions at the two elementary schools involved. For in-district transfer students – transportation to and from school in a timely manner is the responsibility of the parent/guardian.

The parent or guardian requesting a transfer shall complete this form and return it to: Assistant Superintendent of Human Resources, 300 E. Monroe Street, Bloomington, Illinois 61701. A copy of the form will be returned to the parent/guardian indicating whether the request has been approved or not approved. *Excessive absences or tardies may result in revocation of this transfer request.*

Student Name		Age	Grade (entering)
Parent/Guardian Name	Home Address	Home Telephone	

Request transfer from _____ School to _____ School.

- Transfer is requested for the** Entire **2018-2019** School Term **OR**
 Temporary, (dates) _____ to _____.

I, the undersigned parent or guardian of the above-named student, hereby request that said student be allowed to transfer from the elementary school located in the attendance area where I live to a school in another attendance area for the reason listed below (**complete only one**):

- For the purpose of providing proper supervision before and after school, said student will be staying each school day at a childcare facility or another person's home (day care center, babysitter, etc.) listed below that is not located in the attendance area where I live.

 Name of Facility or Person Address Telephone

- Other good and sufficient reason as stated below.

I hereby certify that the statements above are true and complete to the best of my knowledge. If any of the foregoing information is untrue in any respect, I understand that such false statements shall be grounds for termination of this **Request for Student Transfer to Another Elementary School**. By signing this form, I authorize the Bloomington Public Schools, School District 87 to request information from any source with respect to this request, and I authorize each such source to provide said Bloomington Public Schools, School District 87 with all such information. It is understood that transportation to and from school in a timely manner is my responsibility (in-district transfer).

Signature of Parent/Guardian **Date**

OFFICE USE ONLY

Principal Signature _____ Date _____ This request is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Assistant Superintendent of Human Resources Signature _____ Date _____ _____ _____	Comments: <input type="checkbox"/> In-District Transfer <input type="checkbox"/> Zone Transfer
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Original – ESC Copy – Transferring School Copy – Receiving School Copy – Parent/Guardian