

SCHOOL DISTRICT RE-1 - CAÑON CITY, COLORADO

REQUEST FOR TRANSFER

Date: _____ School Year: _____

Student Name: _____ Grade Level: _____

(one name per form, please)

Parent(s) Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Attendance Area School: _____

Current School: _____

School Requested: _____ / _____

1st choice

2nd choice

Reason for Request: _____

Special Programs Needed: _____ Title I: _____ Special Education: _____

As the parent of the above named student, I understand:

- Enrollment is contingent upon a parent's providing transportation.
- A transfer will be valid throughout the grades served by the school unless the school is impacted by an increase in resident students, or the student fails to abide by the attendance and behavioral regulations.
- Approval of this request is for the above-named student. It does not ensure approval of siblings.
- The approved student must remain at the requested school for at least one semester unless extenuating circumstances can be demonstrated to the principals of the two schools impacted by the transfer.

Parent Signature

Date

A parent may appeal the decision by contacting the Office of the Superintendent at 276-5700.

Received by School District Personnel: _____ **Date:** _____ **Time:** _____

Received by

Transfer Request has been: _____ **Approved** _____ **Denied**

Reason for denial of transfer request: _____

Administrator Signature

Date

Transfers requested for the next school year must be turned in to the District Administration Office no earlier than February 15th and no later than April 1st. Requests turned in after April 1st must be accompanied by a letter outlining reasons for the request.