

SPRINGFIELD PUBLIC SCHOOLS

REQUEST FOR TRANSITIONAL TRANSFER (to 6th Grade or 9th Grade)

PLEASE NOTE: SEND THIS REQUEST TO THE PRINCIPAL OF THE SCHOOL TO WHICH YOU WISH TO TRANSFER

For Current 5th and 8th Grade Students Who Will Be Attending
6th or 9th Grade in the **2012-2013** School Year

Transfer acceptance from one attendance area to another within the School District of Springfield R-12 is based upon (1) appropriate class sizes/student-teacher ratio, and (2) building capacity. Only one transfer is granted per student per school year.

- If you are requesting a student transfer for next year, please complete this form and return it to the principal of the school to which you wish to transfer **BY 3:00 p.m. FRIDAY, DECEMBER 2, 2011**. Approval will be dependent upon the space available at the requested school and in the order the requests are received. You will be notified **on or before Thursday March 1, 2012** as to the status of your request.
- Once a transfer has been granted, it may be revoked due to:
 - Enrollment changes resulting in crowded conditions
 - Behavior or attendance problems by the transferred student
- There is no guarantee that younger siblings of the transfer student will be granted a transfer in the future.

STUDENT NAME: _____ Date of Birth: _____
(First) (Middle) (Last)

STUDENT ADDRESS: _____
(House No.) (Street) (Apt. No.) (City) (State) (Zip Code) (Telephone No.)

Grade Level next school year (2012-2013): () 6th Grade () 9th Grade

- School of attendance for the current school year (2011-2012): _____
- School you would attend next year (2012-2013) based on your home address: _____
- Requested school for next school year (2012-2013): _____ Middle/High School

PARENT/LEGAL GUARDIAN AGREEMENT (Please read carefully before signing): I understand that if this transfer is approved, it is granted for one year to be reviewed and renewed annually based on the conditions that my child maintains regular and punctual attendance, good behavior, and complies with District and school rules. If these requirements are not met, or if school capacity or class/grade level size exceeds District standards, or other unfavorable conditions develop in the receiving school, I understand that my child's transfer could be revoked. I understand that transportation shall be the sole responsibility of the parent.

(Signature of Parent or Legal Guardian)

(Date)

(Relationship to Child)

DECISION BY PRINCIPAL OF TRANSFER SCHOOL

(Check One)

_____ **YES**, we are happy to inform you that _____ School has room for your child in the _____ grade for the school year **2012-2013** and that you may now enroll your child here. This transfer will be extended for the duration of your child's educational experience in this school as long as you continue to reside in the Springfield Public School District, and as long as your child maintains regular and punctual attendance, good behavior, and class size and building capacity are maintained. This transfer does not include siblings of the student. Siblings will be considered for transfer in the same manner as any other transfer request. Best wishes to your child for a successful school experience.

_____ **NO**, we are sorry to inform you that this transfer has not been approved due to class size and/or building capacity. Best wishes to your child for a successful school experience.

Signature of Principal _____ **Date** _____

TRANSFER REQUEST SCHOOL RETAINS A COPY OF THIS DOCUMENT. SEND ORIGINAL TO RECORDS OFFICE, ROOM 105, KRAFT ADMINISTRATIVE CENTER, 1359 St. LOUIS STREET, SPRINGFIELD, MO 65802