

In-District Student Transfer Request Form

Pendleton School District 16R

Elementary Student Request for Change of School within District Boundaries

*Request must be submitted by May 15 to the attendance area school.

Before filling out, please read and sign terms of agreement:

- 1. I will assume all transportation needs for my student, to and from school, if this change is approved.**
- 2. If approved, I understand that my child shall maintain appropriate behavior, attendance, and academic performance or risk revocation of the approval.**
- 3. If approved, I understand this transfer will not guarantee my child will remain at the requested school in future school years. The school district maintains the right to revoke my student's transfer as they work to balance and reduce class sizes across the district.**

I have read, understand, and agree to terms listed above.

Signature of Parent: _____

Student Name: _____ Date of Application: _____

Current Age: _____ Current Grade: _____ Request for the 20____-20____ School Year

From: _____ School To: _____ School

Parent / Guardian Name: _____

Present Address: _____

Home Phone: _____ Work Phone: _____

Name and ages of other students living at student's address:

Name _____ Age _____ Name _____ Age _____

Parent Reason(s) for Request:

District Office Decision

_____ The School Change is Denied.

_____ The School Change is approved

Signature of Administrator: _____ Date: _____