

REQUEST FOR NEW VOLUNTARY TRANSFER
For School Year: _____

Please fill out this form for any student that will be a **NEW** transfer into a requested school. If you already have siblings attending a Requested school, you will receive a different form to request their continued attendance at this school site.

Parent/Guardian Name	Home Phone
Street Address	
City, State, Zip	Cell Ph

Neighborhood School _____
School to which you are assigned

Requested School _____
School you wish your child to attend

Part 1: New Student Transfer Requests

Name	Grade <small>(for the requested year)</small>
_____	_____
_____	_____
_____	_____
_____	_____

Reason for this student transfer request (please be specific):

Are any of the above children served by a Special Education program? Yes No If yes, which child? _____

Do any of the above children speak a second language at home? Yes No

Part 2: Existing Student Transfer Requests

NOTE! a different request form will be provided for the existing Voluntary Transfer students to determine approval for next year. This form will be provided at the spring Parent/Teacher Conferences or may be requested after that date.

Do you have any other children already attending the requested school? Yes No

Please list those siblings already attending the requested school and their grade.

Existing Transfer Siblings At

Requested Site	Grade	Existing Transfer Siblings	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the school you are requesting has space for only one of your children, will you separate siblings at two different school sites? Yes No

District Policy 5117: Voluntary Transfer requests will be approved in May of each year (with the understanding that the approval may be rescinded if the new resident families cause the requested school to reach maximum numbers prior to the start of school year). Once approved a transfer student may remain in the school for the rest of the school year or until the enrollment for the grade level exceeds the district class size standard. Students who demonstrate continual disruptive behavior and a lack of adjustment to their transfer school may be asked to return to their neighborhood school.

Parent/Guardian Signature _____ Date _____

**Please return this form to Whittier Learning Resource Center
 located at: 320 W 24th Street, Kearney, NE 68845**

OFFICE USE ONLY

Request received by WLRC Date received _____ Approved Not Approved