



PARENT REQUEST FOR IN-DISTRICT STUDENT TRANSFER

Due by March 22, 2024 and will be processed by April 2, 2024

Applications received after March 22, 2024 will be processed at a later date, no later than August 29, 2024

Parent/Guardian Information

Parent Name _____ Date _____

Phone Number _____ Parent Email (REQUIRED) _____

Street Address _____

City _____ Zip _____

I am requesting that _____ with Date of Birth: ____/____/____
(Name of student)

attends _____ instead of _____
(Requested School) (Home Attendance School)

For the 2024-2025 school year, my child will be in the _____ grade.

____ Sibling attends Requested School Sibling(s) Name: _____

Read and Sign below:

If approved, I am responsible (no bus service) for my student's transportation to and from the requested school, students are not allowed to walk. All approved transfers are a commitment for the full school year and cannot request to be returned to their home school after the first day of school year has begun. Although, if my student's attendance (including tardies/late pickup) or (behavior become a problem), the building Principal has the right to return the student to their home attendance school. Finally, the request for transfer is not significantly related or motivated by participation in extracurricular activities, including athletics. My signature indicates that I have read and agree to these conditions.

Parent Signature: _____

----- UCS OFFICE ONLY -----

Director of Student Services Approval: _____ Date: _____

DENIED: ____ Reason:

Future Attendance Pattern: _____

RETURN FORM TO: studentservices@uticak12.org