



Quincy School District #144
TRANSFER FOR CAUSE APPLICATION FOR ATTENDANCE IN NON-SERVICE AREA SCHOOL
(In-District Transfer)

3131
Student

Each student in the district is required to attend the school designated for the geographic attendance area in which he or she resides, unless a transfer request is granted. Requests must be submitted, in writing, to the Principal of the school the student is requesting to attend.

Transfer for Cause Guidelines (Refer to Quincy School District Policy 3131)

Students may be allowed to attend a school in the District other than the school serving their attendance area when there exists a special hardship or detrimental condition of a financial, educational, safety or health nature affecting the student or the student's immediate family, provided the hardship or condition is likely to be significantly alleviated as a result of the transfer.

- Childcare/daycare preference is not considered a special hardship or detrimental condition.
- Parents shall be responsible for providing transportation.

Instructions:

1. Present this application with Section I completed to the Principal of the school the student is requesting to attend. The non-service area Principal will review the request, and discuss the transfer with the Principal of the resident school. The non-service area Principal will forward the form with his/her recommendation to the Superintendent for review.
2. When approved by the Superintendent and the Director of Special Services, enrollment in the non-service area school is authorized.
3. Parents will be notified via this form.
4. This application is for the current school year only and must be completed each school year.

Section I - Parent/Student Request (To Be Completed by Parent)

Student's Name _____ Birth Date _____ Current Grade _____

Address _____ Apt # _____ City _____ Zip _____

Parent/Guardian Name _____ Phone _____

Service Area School _____ School Requesting to Attend _____

I hereby request that the above names student be permitted to attend a non-service area school for the ____ - ____ school year.

Reason(s) (continue on back or attach sheet if extra space is needed): _____

Does the student receive special education/related services? No Yes If yes, explain: _____

Does the student receive Section 504 services? No Yes If yes, explain: _____

Has the child been suspended or expelled? No Yes If yes, explain: _____

Does the student have a sibling at the school? No Yes If yes, list names: _____

Is the student a child of a district employee? No Yes If yes, explain: _____

Parent/Guardian Signature _____ Date _____

Section II – Quincy School District Non-service Area Transfer Agreement (School District Use Only)

Non-service Area Principal Recommendation Approve ____ Deny ____ Initials ____

Director of Special Services Recommendation, If Applicable Approve ____ Deny ____ Initials ____

Having examined the circumstances and facts stated above, the student's request to attend _____ School in the Quincy School District for the ____ - ____ school year is **Approved** _____ **Denied** _____

Signature _____ Date _____ Title _____