

STUDENT TRANSFER REQUEST FORM

SCHOOL YEAR: _____

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Current Address: _____

TRANSFER REQUEST 1:

Student Name: _____

Current School: _____ Current Grade: _____

Assigned School, if different than current: _____

Requesting Transfer to: _____

TRANSFER REQUEST 2:

Student Name: _____

Current School: _____ Current Grade: _____

Assigned School, if different than current: _____

Requesting Transfer to: _____

REASON FOR REQUEST: Per the Haverhill School Committee 'Assignment of Students to Schools' Policy*, students will be required to attend school in the attendance area in which they reside, unless the Superintendent has granted special permission. Special permission may be granted for the reasons below. Indicate your reason for the transfer and explain:

- ☐ Change involves a hardship case or if there are medical considerations.
- ☐ Change appears to be in the interests of the child, of the schools, and for disciplinary and administrative reasons.
- ☐ The legal residence of a child changes from one attendance area to another during the school year and the parents wish the child to remain in his former school; permission will not extend beyond the current school year.
- ☐ To permit secondary school students to take courses not offered in their assigned schools.

Explain: _____

School bus transportation will **not be provided for students attending schools outside their attendance area unless they can be accommodated on existing bus routes and schedules or a hardship is involved; or unless specific permission is granted by the School Committee. SOURCE: MASC October 2016.*

Other Siblings in District & Schools Attending this School Year: **(not requesting transfer)**_____

Parent/Guardian Signature: _____ Date: _____

or HPS Staff Completing Name: _____ Date: _____