**Freeport School District #145**

**Student Transfer Request**

**2024-2025**

**Directions:** Board Policy 730, states that all students shall attend the school where they reside. If a parent wants to request that Freeport School District consider a student transfer to a school not within the area of attendance this form must be on file. The enrollment center will communicate the decision to the requestor and the principals. Transportation will not be provided unless there is an existing bus stop along an existing route with room available at the serving the school.

**Child’s Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (**Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reside in School Attendance Area**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Proof of residency must be on file*

**Requested School**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criteria for transfer:**

\_\_\_\_\_\_ I am requesting that my child attend the school or campus of my employment.

\_\_\_\_\_\_Changed address during the current school year and wish to remain at current school.

\_\_\_\_\_\_Childcare is in requesting school boundaries. (Documentation must be provided)

\_\_\_\_\_\_ Student wishes to finish grade band at current school. (4th grade only)

\_\_\_\_\_\_Sibling(s) are attending the requesting school.

\_\_\_\_\_\_ Requested school is within safe walking distance (1.49 miles and no hazardous crossings)

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(This section is for Enrollment & Transportation Center completion).

\_\_\_\_\_\_\_\_Approval of the parental request for child to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the 2024-2025 school year:

**\_\_\_\_\_**Disapproved because one or more of the criteria was not met (see above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment & Transportation Center Director Date