



**ELEMENTARY AND MIDDLE SCHOOL REASSIGNMENT (TRANSFER) REQUEST FORM**

For parents/guardians of **elementary** and **middle school** students who want their child(ren) to attend a different school within District 112

I request my child(ren) transfer from: \_\_\_\_\_ School  
to \_\_\_\_\_ School.

_____	_____	_____	_____
<i>Child's Full Name</i>	<i>Grade</i>	<i>Child's Full Name</i>	<i>Grade</i>
_____	_____	_____	_____
<i>Child's Full Name</i>	<i>Grade</i>	<i>Child's Full Name</i>	<i>Grade</i>

Date transfer to be effective: \_\_\_\_\_

The reason for this request is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
<i>PRINT Parent/Guardian Name</i>	<i>Home Phone</i>	<i>Work/Cell Phone</i>
_____		
<i>Address</i>		
_____	_____	
<i>City</i>	<i>Zip Code</i>	

Signature of Parent/Guardian: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

**Parent/Guardian:** Deliver this form to the school to which your student is currently assigned. The assigned school will forward the request to the requested school. After approval, the requested school will forward this form to the Office of Transportation.  
*If the transfer is approved, it is the responsibility of the parent to transport the student to and from the requested school or to and from an established district bus stop serving the requested school.*

For school use only

Date Received: \_\_\_\_\_

**Assigned School**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved  Yes  No

**Requested School**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved  Yes  No

Form Distribution

1 – Assigned School                      1 – Requested School                      1 – Transportation