

Raytown C-2 School District
SPECIAL CIRCUMSTANCES INTRADISTRICT TRANSFER REQUEST FORM
One Form Per Student

This form is to be used by RESIDENT students requesting assignment to a district school outside his or her attendance area/boundary.

Date of Request: _____ **School Year for Request:** _____

_____ **New** transfer request: Requesting transfer from _____ to _____
(Sending School) (Transfer School)

_____ **Renewed** transfer request: Previous transfer from _____ to _____
(Sending School) (Transfer School)

Student Name: _____

2009-2010 Grade Placement: _____

Parent/Guardian: _____

Family Address: _____

Home Phone: _____ **Business or Cell Phone:** _____

Reason for Transfer Request:

- Family Move** – Proof of residency for new address is required. A copy of the usual residency documentation must be attached to this form.
- Childcare** – Verification of childcare provider is required. Completion of an additional form (JCB-AP2) and additional documentation is required for this transfer request reason .
- Elementary Boundary Change for 2009-2010** – this reason is limited to **5th grade** students during the 2009-2010 school year. This option is not available for younger siblings.
- Other** - Specifically explain the special circumstances and reasons for the transfer request for the administration to review.

Explanation of Special Circumstances/Reasons:

Signature of Parent/Guardian

Date

Signature of Superintendent/Designee

Date

Approved

Denied

RETURN TO: ADMINISTRATION BUILDING - 6608 RAYTOWN RD 64133 ATTENTION: TRANSFER REQUEST
