

## 2020-2021 BOND COUNTY CUSD #2 Enrollment/Transfer Request

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

Current School: \_\_\_\_\_ Requested School: \_\_\_\_\_

Student Information	
<b>Student Last Name:</b>	<b>Student First Name:</b>
Grade Level in 2020-2021:	Date of Birth:
Street Address:	City :                      Zip Code:
Parent/Legal Guardian Name:	Home Phone:
Parent/Legal Guardian Email:	Cell Phone:

Reason for student transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your student on an IEP? YES \_\_\_\_\_ NO \_\_\_\_\_ Is your student on a 504 Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

**Considerations:**

- The district will notify parents of acceptance and the effective start date or denial.
- Although policy states that intra-district transfers will provide their own transportation, the District will try to accommodate students based on current transportation routes.

**Decision-Making Criteria:**

All applications will be considered on a case by case basis, and consider the following information:

- Educational benefit for the student
- Class size
- Facility utilization

In the event there is not space available in the grade level, class, or program requested, the student will be placed on a waiting list in the order of the date and time of the request.

**Acknowledgements:**

- I certify that the information provided is accurate and complete.
- I understand that once approved, the student will attend that school for the entire school year.
- I understand that requests are approved for one school year only, and it is my responsibility to complete an Enrollment/Transfer Request for the next school year.
- I understand that the transfer can be revoked at any time if there are attendance or discipline issues or if there is no longer space within the grade level, class or program.

I have read the school district policies and procedures on Open Enrollment and hereby request that my son/daughter be permitted to attend the requested school.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For District/School Use Only</b>
Administrator's Comments:
Administrator's Signature and Date:
Transfer request: Approved _____ Denied _____ Reason for denial: _____
Date of Parent Notification: