

## Request for Administrative Transfer for D20 Students

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
Zip Code

Phone: \_\_\_\_\_  
Work Phone
Home Phone
Cell Phone

E-mail: \_\_\_\_\_

Current School of Attendance: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

- Please list the reason you are seeking an Administrative Transfer (this is required information; please check at least 1 box):
  - educational program needs     safety of student
- A written narrative of your justification for this transfer must be identified, documented, and attached as part of this request. The information used in the justification may include an I.E.P., disciplinary incidents, medical needs, transportation issues, etc.
- Please note that Approved Administrative Transfers for *educational reasons* will occur at an educationally appropriate time (the quarter, semester, or hexter) based on the judgment of the receiving school. **TRANSPORTATION MAY NOT BE PROVIDED.**

**Parent-Please read and initial the following statement:** Upon acceptance of the transfer, the student must return to their original school to complete checkout, return materials, and pay any outstanding fees prior to the transfer being completed. \_\_\_\_\_ (Parent Initials)

<b><i>Response of Current School's Principal:</i></b> _____ Principal signature	_____ Approved _____ Denied _____ Date	<input type="checkbox"/> Registrar Notified Current School
<b><i>Response of Requested School's Principal:</i></b> _____ Principal signature	_____ Approved _____ Denied _____ Date	<input type="checkbox"/> Registrar Notified Requested School

Date of transfer, if approved: \_\_\_\_\_

***If approved, this form must be turned into Academy District 20 Education and Administration Center – Central Registry, 1110 Chapel Hills Drive, for processing.***



## Signature Page

- Please read each statement below and mark your initials in the space indicated before each statement.
- This signature page must be signed and dated. It must be hand-delivered by the parent/guardian to the Academy School District 20 Education and Administration Center - Central Registry (1110 Chapel Hills Drive, Colorado Springs, CO 80920).

\_\_\_\_\_ *I am attaching my justification for this request. This may include specific reasons, such as IEP concerns, disciplinary incidents, medical records, etc.*

\_\_\_\_\_ *I understand transfers are not made during the first two weeks of the fall term or during the October Count period.*

\_\_\_\_\_ *I understand all transfers for educational reasons occur at an educationally appropriate time, as determined by the affected schools.*

\_\_\_\_\_ *I understand that athletic eligibility may be impacted as a result of a transfer and am advised to contact the receiving school's athletic director for specific information.*

\_\_\_\_\_ ***Resident Students:*** *I understand the approval of this transfer request means the targeted school becomes my student's "assigned school" and my student will attend the subsequent schools in the feeder strand. I understand this means he/she has given up all rights to any seat in any other District 20 school. If I want my child to attend another District 20 school in succeeding years, I must apply for him/her during the January-February Choice Application Window for the following fall term.*

\_\_\_\_\_ ***Non-Resident Students:*** *I understand the approval of this transfer request means the targeted school becomes my student's "assigned school". My student may remain at the school for the duration of that level (elementary, middle or high), unless the student's enrollment is withdrawn (including expulsion). All non-resident students must submit a choice application during the choice window for the level transition (5<sup>th</sup> to 6<sup>th</sup> grade or 8<sup>th</sup> to 9<sup>th</sup> grade).*

\_\_\_\_\_ *I understand transportation may not be provided and that I am advised to phone the Transportation Department at 234-1410 for specific instructions.*

\_\_\_\_\_ *My signature indicates that I understand District Twenty reserves the right to revoke my child's enrollment in the district if facts provided by myself for this transfer indicate false or misleading information.*

\_\_\_\_\_  
**PRINT Parent/Guardian Name**

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

\_\_\_\_\_  
**Date**