Transfer RequestApplication Forms for Change in School Assign Transfer         Check One : Preschool* Elementary School Middle School H         Check One : In-District Transfer Request (student lives <i>inside</i> District)         Check One : In-District Transfer Request (student lives <i>inside</i> District)         Anticipated date of Board approved non-resident transfer policy is July 1*         Out of District Transfer Request is June 1*         Completed transfer request is June 1* <t< th=""><th>FNTS</th><th>Draft 4/18/2022</th><th></th><th></th></t<>	FNTS	Draft 4/18/2022		
Transfer         Check One :       Preschool*       Elementary School       Middle School       H         Check One :       In-District Transfer Request (student lives <i>inside</i> District)         Anticipated date of Board approved non-resident transfer policy is July 1 <sup>st</sup> Deadline to submit transfer request is June 1 <sup>st</sup> Deadline to submit transfer request is June 1 <sup>st</sup> Deadline to submit transfer request is June 1 <sup>st</sup> Deadline to submit transfer request is June 1 <sup>st</sup> Must also complete Online Registration (OLR). Date/time stamp on submitted used as determination for order of acceptance in cases of capacity.       2022-2023 tuition rates will apply as Board approved.         Temporary Out of District Transfer Request (student lives <i>outside</i> of anticipation of establishing residency during first semester; additional do required).         2022-2023 tuition rates will apply as Board approved.         BCPS Full-Time Employee (BCPS employee lives <i>outside</i> of District)         B				09.11 AP.2
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Form to be used by resident students requesting assignment to a District school outside their attendam         Student's Name         Last       First       Middle         Home Address       Phone #       Street       City       Zip         For In-District Transfer Request:       School Assignment (based on current address)       Present Grade       Operation	Employee Location	)n	<b>Employee</b> Position	
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For Out of District Transfer Request:         County of Residence         Present School       Present Grade         Requested School       For School Year       Grade         Student is on transfer to current BCPS school:       Yes       No	Street District Transfer Request: Assignment (based on current a School	ddress)	Zip Present Grad	Phone #
County of Residence       Present Grade         Present School       Present Grade         Requested School       For School Year       Grade         Student is on transfer to current BCPS school:       Yes       No	Street District Transfer Request: Assignment (based on current a School ted School	ddress)Fc	Zip Present Grac or School Year	Phone #
Present School     Present Grade       Requested School     For School Year     Grade       Student is on transfer to current BCPS school:     Yes     No	Street           District Transfer Request:           Assignment (based on current as School	ddress)Fc Fc : □Yes □No	Zip Present Grac or School Year	Phone #
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- 1. Students granted a transfer must be in regular attendance (fewer than three (3) unexcused absences or three (3) unexcused tardies), be in good standing in regard to discipline, and must be making minimum academic progress.
  - 2. \*In-District Preschool students on a transfer shall attend kindergarten at their home school based on residence.
  - 4.3. Transfers will not be approved for athletics. All transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
  - 2.4. Parent/guardian shall be notified by mail of decision regarding transfer application Requests for changes in assignment for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

## **Transfer Request**

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Prin	nt Parent/Guardian's Name	
Par	ent/Guardian's Signature	Date
At the school level, this	application has been $\Box$ approved $\Box$	denied, reason
Pri	ncipal's Signature	Date
	To be completed by Central C	office Personnel
Application	□ Approved □ Denied	
Parent/Guardian shall b	e notified by mail of decision regarding tra	nsfer application.
School Principals shall	receive a report containing a list of all stud	ents transferring in or out of their school.
Suj	perintendent/designee's Signature	Date

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Student's Name

## **<u>Application Forms for Change in School Assignment</u></u>**

## Medical Transfer

Parents/Guardian of children with documentation from a medical doctor, nurse practitioner, psychologist or psychiatrist may make application for transfer according to Board Policy. The Principal, the Director of Pupil Personnel, the Level Director and the District Health Coordinator shall review the application and documentation and the parent/guardian shall be notified by mail of the committee's decision regarding the request for transfer. The Parent/Guardian shall be responsible for transportation to and from school for all approved transfer students.

Please attach physician documentation of medical condition necessitating transfer and complete the Consent Form for Mutual Exchange of Information (09.211 AP.21).

STUDENT INFORMATION				
First	Middle Initial			
	- Eirst			

Home Address			Phone #
Street	City	Zip	
School Assignment (based on current address) _		-	
Present School		Present G	Frade
Requested School		For School Year	Grade
Student is on transfer to current school:	<u> </u>		

NOTICE

- 1. Transfers will not be approved for athletics. All transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
- 2. Requests for changes in assignment for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Print Parent/Guardian's Name

Signature of Parent/Guardian

To be completed by Central Office Personnel

Application & Approved & Denied

Parent/Guardian shall be notified by mail of decision regarding transfer application.

School Principals shall receive a report containing a list of all students transferring in or out of their school.

Principal's Signature

Level Director's Signature

<u>Date</u>

Date

Superintendent/designee's Signature

-Date

**District Health Coordinator**