STUDENTS   09.11 AP.22

Transfer Request~~Application Forms for Change in School Assignment~~
~~Transfer~~

Check One : ☐ **Preschool***   ☐ **Elementary School**   ☐ **Middle School**   ☐ **High School**

Check one: ☐ **In-District Transfer Request** (student lives *inside* District)

☐ **Out of District Transfer Request** (student lives *outside* of District)
- Anticipated date of Board approved non-resident transfer policy is July 1st
- Deadline to submit transfer request is June 1st
- Completed transfer request is an application only, not enrollment
- Must also complete Online Registration (OLR). Date/time stamp on submitted OLR will be 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 *outside* of District in anticipation of establishing residency during first semester; additional documentation required)
- 2022-2023 tuition rates will apply as Board approved.

☐ **BCPS Full-Time Employee** (BCPS employee lives *outside* of District)

~~☐~~ _____**Employee Location** _____   **Employee Position** _____

~~Form to be used by resident students requesting assignment to a District school outside their attendance area/zone.~~

Student's Name _____ _____ _____
                                                Last   *First*   *Middle Initial*

Home Address _____ Phone # _____
                                Street   *City*   *Zip*

For In-District Transfer Request:
School Assignment (based on current address) _____
Present School _____ Present Grade _____
Requested School _____ For School Year _____ Grade_____
Student is on transfer to current school: ☐ Yes   ☐ No

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

Give full details of reason for transfer request (Please use the back of the application if additional space is required):
_____
_____

NOTICE

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.
~~1.~~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.

_____

Print Parent/Guardian's Name

_____   _____

Parent/Guardian's Signature   *Date*

At the school level, this application has been   ☐ approved   ☐ denied, reason _____

_____

_____   _____

Principal's Signature   *Date*

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.

_____   _____

Superintendent/designee's Signature   *Date*

*Preschool students on a transfer shall attend Kindergarten at their home school based on residence.

Application Forms for Change in School Assignment

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

Student's Name _____ _____ _____
                              Last   *First*   *Middle Initial*

Home Address _____ Phone # _____
                         Street   *City*   *Zip*

School Assignment (based on current address) _____

Present School _____ Present Grade _____

Requested School _____ For School Year _____ Grade _____

Student is on transfer to current school: ☐ yes _____ ☐ no _____

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   *Date*

To be completed by Central Office Personnel

Application ☐ *Approved* ☐ *Denied* _____ *Date* _____

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*   *District Health Coordinator*

_____ _____
         Superintendent/designee's Signature   *Date*