



**Grand Rapids Public Schools
Transfer Form**
(Only one transfer request per school year)

PLEASE PRINT ALL INFORMATION CLEARLY!

SCHOOL YEAR: _____

<u>PERSONAL INFORMATION SECTION:</u>		TODAY'S DATE: _____	GRADE ENTERING: _____
LAST NAME: _____		FIRST NAME: _____	
AGE: _____	DATE OF BIRTH: _____	MALE: ___	FEMALE: ___
CURRENT/LEGAL ADDRESS: _____			
CITY: _____		MICHIGAN	ZIP CODE: _____
TELEPHONE NUMBER: _____		THIS # IS: HOUSE ___ CELL ___ WORK ___ OTHER ___	
EMAIL ADDRESS: _____			

<u>SCHOOL INFORMATION: [PLEASE FILL OUT FOR LAST SCHOOL YOU ATTENDED]</u>	
LAST SCHOOL ATTENDED: _____	LAST DATE OF ATTENDANCE: _____
REASON FOR LEAVING: _____	
ATTENDANCE AREA SCHOOL: _____	REQUESTED SCHOOL: _____
DOES STUDENT RECEIVE ANY SPECIAL EDUCATION SERVICIES?	YES _____ NO _____

PARENT/GUARDIAN NAME: _____	RELATIONSHIP: _____
PARENT/GUARDIAN ADDRESS: _____	
PARENT/GUARDIAN CITY: _____	MICHIGAN ZIP CODE: _____
PARENT/GUARDIAN TELEPHONE NUMBER: _____	IS THIS NUMBER A: HOUSE- CELL-OTHER (CIRCLE)
PARENT/GUARDIAN EMAIL ADDRESS: _____	

Dear Parent/guardian and School Administrator:

1. A transfer may be **terminated for repeated or flagrant violations of school rules**. The Office of Community and Student Services reserves the right to approve transfer revocation.
2. **Transportation of a student on an approved individual transfer is NOT provided by the Board of Education. Please do not refer to the Office of Community and Student Services or Transportation.** This includes Special Education and Bilingual students, out of the attendance area (Non program based).
3. **High School Students:** All high school student *athletes* who request a transfer from one high school to another within the GRPS District must check with the Principal or Athletic Director to make sure of athletic eligibility. **You may not automatically be eligible. See MHSAA Code of Conduct.**
4. Transfer request **solely** for athletic reasons will be in violation of MHSAA Code. **Once detected the transfer will be terminated immediately.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

<p align="center">BUILDING RECOMMENDATION</p> <p>STUDENT NUMBER: _____</p> <p>THE ABOVE TRANSFER HAS BEEN: _____ Approved _____ Denied</p> <p>REASON(S) FOR DENIAL: _____ _____</p> <p>AMDNISTRATOR NAME: _____ SIGNATURE: _____ SPECIAL EDUCATION STAFF: _____ SIGNATURE: _____</p>	<p align="center">COMMUNITY & STUDENT SERVICES ONLY</p> <p>RECEIVED DATE: _____</p> <p>TRANSFER: GRANTED _____ DENIED _____ REVOKED _____</p> <p>ENTERED IN SYNERGY DATE: _____ CODE: _____</p> <p>APPROVED BY: _____ SIGNATURE: _____</p>
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