

**BLACKFOOT SCHOOL DISTRICT NO. 55  
IN-DISTRICT STUDENT TRANSFER REQUEST 631F1**

Date of Request \_\_\_\_\_

Neighborhood School (where the student resides) \_\_\_\_\_

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

<u>Student's Name</u>	<u>Grade</u>	<u>Special Services</u>	<u>School Last Attended</u>
_____	_____	_____	_____

Reason for Requested Transfer \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I understand that my transfer request is subject to the district's In District Open Enrollment Policy. By my signature below, I acknowledge that I have been informed of the policy and will provide transportation to and from school; and that if enrollment at the accepting school becomes too high, my child must return to the elementary school within our attendance zone.**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Home School Principal                      Date

**TRANSFER APPROVED** \_\_\_\_\_                      **TRANSFER DENIED** \_\_\_\_\_

Reason for Denial \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Requested School Principal                      Date

\_\_\_\_\_  
 Signature of Superintendent                      Date

Original kept at District Office. Copies distributed Requested School Principal, Home School Principal, and Parent/Guardian.