

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 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)

Response of Current School's Principal:

Approved

Principal signature _____ Date _____

Yes ☐ Student IEP? No ☐
If IEP yes, SPED Facilitator signature: _____

Response of Requested School's Principal:

Approved

Principal signature _____ Date _____

Yes ☐ Direct Service 504? No ☐
If yes, 504 Coordinator signature: _____

Date of transfer, if approved: _____ Current school Registrar Notified _____ Requested school Registrar Notified _____

If approved, this form must be turned in to Academy District 20 Education and Administration Center – Central Registry, 1110 Chapel Hills Drive, or email to CRHelp@asd20.org 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. The parent/guardian must send form to the Academy District 20 Education and Administration Center - Central Registry (1110 Chapel Hills Drive, Colorado Springs, CO 80920) or email to CRHELP@ASD20.org.

_____ *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. I understand my child will be considered an Open enroll student (unless returning to neighborhood) and will be subject to a Choice eligibility review each year. If I want my child to attend another District 20 school in succeeding years, I must apply during the January-February Choice Application Window for the following fall term. For more information on Choice eligibility factors, see Academy District 20 Administrative policy JFB and JFB R.*

_____ **Non-Resident Students:** *I understand the approval of this transfer request means the targeted school becomes my student's "assigned school". I understand my student will be considered a Choice student and will be subject to a Choice eligibility review each year. If eligibility is maintained, I need only submit a new Choice application at the school level transitions (grade 5th to 6th, and grade 8th to 9th). For more information on Choice eligibility factors, see Academy District 20 Administrative policy JFB and JFB R.*

_____ *I understand requests from parents / guardians of students in Special Education for enrollment or transfer to another school or program will be considered in accordance with applicable state and federal laws. Once enrolled, the student's Individualized Education Program (IEP) team will determine if the requested school or program meets the student's needs.*

_____ *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 20 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

Date

Parent/Guardian Signature