

TRANSFERS AND ASSIGNMENTS – **2018-2019**

**MANDATORY TO COMPLETE THIS REQUEST FOR TRANSFERS. THESE INCLUDE BILINGUAL, SPECIAL EDUCATION, BUBBLE UP, AND PARENT REQUESTED TRANSFERS.**

(ONLY PARENT REQUESTED TRANSFERS REQUIRE PRINCIPAL'S SIGNATURE)

CALHOUN COUNTY INDEPENDENT SCHOOL DISTRICT  
IN-DISTRICT TRANSFER REQUEST  
**January 8, 2018 – June 28, 2018**

EXHIBIT A

Name of student	2017-2018 Grade	Race	Last school attended
Parent/Guardian	Physical Address		Phone (home)
Phone (work)	Mailing address		City

Request reassignment from \_\_\_\_\_  
Current School
Receiving school

- Parent request     
  Bubble up     
  Bilingual     
  Special Programs Alternative Unit

<b>Reason for requesting reassignment:</b>
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This request for an in-district transfer is made with a full understanding of and agreement to the following conditions:

1. Each parent/guardian who desires a transfer **MUST** complete a transfer request form each year. The forms may be obtained at the district office or at your student's campus. For reassignment consideration the completed transfer request form **MUST** be turned into the district office.
2. **Transfers shall be made subject to space being available in the student's grade level.** If a program (i.e. bilingual, special education alternative unit) is not offered in the school area in which they reside, the district will provide transportation for that student to the school where the program is offered.
3. All new enrollees are subject to Administrative transfer for the remainder of the year outside the attendance area in which they reside if classroom space is not available in their area school. The district will provide transportation from their area school to the school assigned for those students that are required to transfer.
4. Transfer requests will be considered in the following order, based on the completed transfer request form:
  - A) Previous transferees and their siblings.
  - B) Space available in their grade level.
  - C) Date and time request was received at campus and/or district office

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5. All transfer requests will be made based upon the date and time request was received at the campus and/or district office.
6. The student's family shall provide transportation when the parent requests the transfer.
7. A decision to grant or deny the requested transfer will be made on the fourth (4th) day of school.
8. The transfer students must maintain a good attendance record, good conduct, and good citizenship grades or the reassignment may be canceled.
9. If this transfer is not approved, the parent/guardian will be notified by mail and/or phone using the mailing address and/or home phone number on this form.

The administration will assume that all students that are not in attendance by the end of the third day of the beginning of school are not going to attend a CCISD school. Students returning to CCISD after the third day must reapply for a transfer if they still desire it. Exception to this policy will be made only if the principal of the campus is notified prior to the end of the third day of school.

**This form must be completely filled out in order to have your request reviewed.**

\_\_\_\_\_  
Date

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

The undersigned principals hereby certify compliance with the aforementioned paragraphs of this Request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal - current school

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal - receiving school

*\*The administrator recommending that the request be NOT APPROVED should state the reason that explains why the transfer has been denied.*

- Approved
- \*Not Approved

\*Reason \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent or designee

**\*\*Deadline for 2018-2019 school year will be June 28, 2018. \*\***  
**2019-2020 transfers will open on January 8, 2019 and close on June 28, 2019**