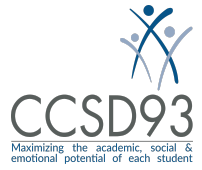


**CCSD93 STUDENT INTRA-DISTRICT TRANSFER REQUEST**  
**2020-2021 School Year**

Student intra-district transfer requests must be received via U.S. mail to the CCSD93 Student Services Department, 230 Covington Drive, Bloomingdale IL 60108 or dropped off in person to the receptionist at this address by April 1, 2020, for consideration for the 2020-2021 school year.



**Student Information (List only students for whom you are requesting an intra-district transfer.)**

First Name:	Last Name:	Grade for 2020-2021:	I.D. #
1			
2			
3			
4			

**Demographic Information**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Intra District Transfer Request**

Requesting *transfer from* (home school): \_\_\_\_\_ Requesting *transfer to* (receiving school): \_\_\_\_\_

**Reason for Transfer Request**

Student:	Reason: (choose one reason for each student listed above)
1    2    3    4	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	#1. <b>A compelling safety, psychological, or physical health condition exists for the student at their home school.</b> <i>Current* documentation from school administration, certified medical personnel, and/or mental health personnel must accompany transfer requests in this category (*documents must be dated within a calendar year of this request).</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	#2. <b>Student will be in the final year at the school</b> (i.e. 5th or 8th grade).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	#3. <b>The student(s) resided in the requested school's attendance boundary the previous year.</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	#4. <b>Other</b> (please provide detailed information):

**Parent/Guardian Terms of Agreement**

I understand and accept the below terms associated with the Intra-district transfer request that I have made on behalf of my child:

- **I understand that, in the event that my request is approved, I am responsible for transporting my child to and from school.**
- UNTIL notified by the CCSD93 Student Services Department, this request is NOT approved and I must register my child in the home attendance area school.
- Due to enrollment changes that take place throughout the year and into the summer months, I will more than likely not be notified of the CCSD93 Student Services Department's decision until two weeks before the start of the school year.
- My request will more than likely not be approved if doing so will exceed class-size targets established by either the state of Illinois and/or the CCSD93 Board of Education.
- My transfer request will not be approved in the event that it will require the district to hire additional staff.
- If this transfer request is approved, it is only valid for one (1) school year and that I will need to make a similar request each year thereafter.
- An approved transfer may be rescinded and future requests not approved by the CCSD93 Student Services Department in the event that:
  - The stated reason for the Student Intra-District Transfer is no longer valid.
  - False information was given at the time of the Student Intra-District Transfer request.
  - My child demonstrates a pattern of unexcused tardiness or absences.

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*requests that do not have a parent signature in this area will be considered incomplete and will not be reviewed by the CCSD93 Student Services Department*

**For District Use Only**

Final Decision:  Approved  Denied      Date of decision by the CCSD93 Student Services Department: \_\_\_\_\_

Reason (s) for Denial: \_\_\_\_\_

*The CCSD93 Student Services Department will provide a copy of the completed request form to each principal once finalized*