

Resident Application for Transfer Out-of-Zone

If a student wishes to attend any school other than the one to which he or she is normally assigned, the following steps must be taken each year before the Superintendent will consider transfer. The Superintendent will notify you as to approval or denial for transfer. Final approval will depend upon actual enrollment during the second week of school. If a classroom should become overcrowded during the school year, out-of-zone students would be required to return to zone of residence.

STEP 1. STUDENT INFORMATION (please print)

Student Name _____

Birth Date _____ Telephone _____

Street Address _____

Mailing Address _____

Person making application _____ Relationship to student _____

Address if different than above _____

I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature of person making application _____ Date _____

STEP 2: ELIGIBILITY

School for which application is made _____

Effective date of transfer requested _____

Reason for application (Check one)

Previous attendance in _____ school year _____ grade completed _____

Moved out of zone on _____ (date), desire student to complete _____ grade

Intention to move to zone by January 1 of current school year.

School employee

Last school attended _____ School year _____ Grade completed _____

Residence while attending last school _____ Grade entering _____

Zone _____ Is student in Exceptional Education classes? _____

If last school attended was same as one for which you are applying check one:

Attended as resident of that zone

Attended as transfer student with written permission of Superintendent

Attended as transfer student without written permission

STEP 3: APPROVAL

Take this application to principal of school you wish student to attend.

Principal’s certification of available space

Present projections indicate that enrollment of _____
will not cause overcrowding _____
will cause overcrowding _____ in violation of WVC 18-5-18a which requires that
teacher pupil ratio not exceed 20 pupils per class in kindergarten, nor 25 pupils per class in
grades 1-6.

Principal _____ Date _____

STEP 4: TRANSPORTATION

Bus service will be provided to out-of-zone students only if space is available on a regularly
established bus route.

____ I understand I must provide transportation
____ I request student be allowed to ride bus number _____. Student would board bus at:
(Description of bus stop) _____

Signature of person making application _____

Transportation Director’s Approval (Required if requesting to ride bus)

I have reviewed this application and recommend APPROVAL/DENIAL (please circle one)
of bus transportation for bus no. _____.

Director _____ Date _____

Director’s Approval

I have reviewed this application and recommend APPROVAL/DENIAL. (please circle one)

Director _____ Date _____

Superintendent’s Approval

The above application for transfer is APPROVED/DENIED (please circle one)

Superintendent _____ Date _____