

Date Received	Date Processed	Current/Zoned School	Assigned Staff Associate
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INTRA-DISTRICT TRANSFER REQUEST FORM

OFFICE OF ENROLLMENT, CHOICE & TRANSFERS

STUDENT & SCHOOL INFORMATION

Student's Legal Name _____
LAST FIRST & MIDDLE INITIAL Student ID # CURRENT GRADE

Preferred Name _____ Gender Male Female X (non-binary) Date of Birth _____
(If applicable) MONTH/DAY/YEAR

Current School _____ Age _____

Requested Schools for Consideration (ranked in order) 1. _____
 2. _____ 3. _____

Does the student have an Individual Education Program (IEP), Individual Family Service Plan (IFSP), 504 Plan, or receive English for Speakers of the other Languages (ESOL), English as a Second Language (ESL), English as a New Language (ENL), or other special programming? Check all that apply. IEP IFSP 504 ESOL ESL ENL Other _____

RESIDENCY AND FAMILY INFORMATION (ADDITIONAL FORMS MAYBE REQUIRED)

Parent/Guardian Name _____ Primary Phone Number _____
 Secondary Phone Number _____ Email _____

Parent/Guardian Home Address (Where the student is residing) _____

Is the student temporarily living with others due to lack of permanent housing, living in a shelter, living in a motel/hotel, or otherwise homeless? Yes No

Is the student under the informal care/guardianship of a relative other than the biological parent? Yes No

Is this student in the custody of foster care, group home, or another placement agency? Yes No

Is there a current court order regarding custody? Yes No *If yes, the parent/guardian **MUST** provide the most recent court order.*

BEHAVIOR INFORMATION

Does the student have a history of sexual abuse/misconduct, violent or disruptive behaviors or gang membership? Yes No

Is the student currently expelled or suspended (including more than 10 consecutive days)? Yes No

Is the student under a court order to attend school or is a truancy referral in the process of being filed? Yes No

TRANSFER RATIONAL (CHOOSE UP TO (3) THREE REASONS)

- | | |
|--|---|
| <input type="checkbox"/> Desire higher quality instructional learning | <input type="checkbox"/> Seek to avoid issues with school administration/teachers |
| <input type="checkbox"/> Desire stronger leaders and/or teachers | <input type="checkbox"/> Seek to avoid bullying/harassment at current school |
| <input type="checkbox"/> Desire more extra-curricular activities | <input type="checkbox"/> Seek to avoid gang issues at current school |
| <input type="checkbox"/> Desire more social emotional development | <input type="checkbox"/> Desire a school that is in a safer neighborhood |
| <input type="checkbox"/> Desire stronger family engagement | <input type="checkbox"/> Desire a school with before and after care |
| <input type="checkbox"/> Desire smaller class sizes | <input type="checkbox"/> Desire a school with specific programming |
| <input type="checkbox"/> Recently moved to a new address | <input type="checkbox"/> (please list): _____ |
| <input type="checkbox"/> Seek to reduce student's daily commute | <input type="checkbox"/> Seek a school with a better academic reputation |
| <input type="checkbox"/> Seek to improve student's behavior in new environment | <input type="checkbox"/> Seek a school with entrance-criteria |
| <input type="checkbox"/> Desire a school that family and/or friends attend | |

PARENT AGREEMENT

- I hereby declare and affirm under penalties of perjury that the information provided above is true and correct to the best of my information, knowledge, and belief.
- I understand that if the reason for the approved intra-district transfer no longer applies, the transfer may be revoked.
- An intra-district transfer is a privilege and my child must maintain good attendance, grades, and behavior. If for any reason these areas are not upheld, intra-district transfer approval may be denied or revoked.

I understand that this information is being used by the school district for the purposes of transferring my student. I understand that the incomplete or inaccurate information may delay, prevent, or invalidate my student's transfer in school. I agree to promptly inform the school district of any changes in this information, including changes in residency of my student. I understand that my electronic submission of this form and my electronic signature are intended to be constitute, and are equivalent to my personal signature.

Signature of Parent/Guardian _____ Date _____

APPLICATION SUBMISSION

Please submit completed applications with the required proof of identity for the parent/guardian, student's proof of age and identity, and two (2) proofs of bonafide residency.

INTRA-DISTRICT TRANSFER REQUEST FORM

OFFICE OF ENROLLMENT, CHOICE & TRANSFERS

BALTIMORE CITY
PUBLIC SCHOOLS

OFFICE USE ONLY

DECISION ON THE INTRA-DISTRICT REQUEST

YOUR REQUEST HAS BEEN:

APPROVED

DENIED

Reason(s) for Denial

- Grade level classes are full
- Reasons inconsistent with regulation/policy
- Student does not meet entrance-criteria requirements
- Other: _____

ECT Staff Associate *(Please print)* _____ Signature _____ Date _____

Decision School _____ Date of Contact with Parent _____

Dates of contact with Principal and/or Enrollment Official: Receiving _____ Assigned _____