



## SLATE VALLEY UNIFIED UNION SCHOOL DISTRICT

33 Mechanic Street, Fair Haven, VT 05743

Tel: 802.265.4905

Fax: 802.265.2158

slatevalleyunified.org

### IN-DISTRICT TRANSFER REQUEST FORM

\*\*\*\*Requests for consideration must be made by April 15th to the Superintendent's Office. The requests will be considered based on impacts outlined in Slate Valley School Board Policy (C35) and any other extenuating circumstances. The superintendent will make decisions regarding an application by May 15th and parents will be notified in writing as soon as the decision has been made.

Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Requested school to transfer to (name of school): \_\_\_\_\_

Preferred date to start at new school: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

#### CENTRAL OFFICE USE:

Date Approved to transfer to new school \_\_\_\_\_

Denied \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_