

**SIoux CITY COMMUNITY SCHOOL DISTRICT**

**SECONDARY  
Transfer Request**

**NOTE**

Please return completed form  
To your home school or mail to:

LuAnn Richardson  
1221 Pierce Street  
Sioux City, IA 51105

**2007 - 2008**

**Key**

- W-White
- NA-Native American
- B-Black
- H-Hispanic
- A-Asian
- ELL-Non-English Speaking

DATE \_\_\_\_\_

I, \_\_\_\_\_, am requesting a transfer for my child / children from  
 \_\_\_\_\_ (parent/guardian) \_\_\_\_\_ School to \_\_\_\_\_ School  
 \_\_\_\_\_ (school district you live in) \_\_\_\_\_ (school you wish child/children to attend)  
 for the **2007 – 2008** school year. My reason for requesting this transfer is:

(\* Continue on back of form if necessary.) (\*\* If request is due to childcare, please see back of form.)

GRADE  
2007-2008  
( ) **M F W NA B H A Yes/No Yes/No**  
 Student's Name Sex Race ELL Disability

GRADE  
2007-2008  
( ) **M F W NA B H A Yes/No Yes/No**  
 Student's Name Sex Race ELL Disability

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2007-2008  
( ) **M F W NA B H A Yes/No Yes/No**  
 Student's Name Sex Race ELL Disability

*Transfers may be granted only if space is available at the building for which the transfer is requested.*

*Once approved, the student will remain in that attendance center for the remaining grades offered at that center.*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Street Address

Sioux City, IA \_\_\_\_\_ (Zip Code)

Telephone Number \_\_\_\_\_

**Office Use Only**

**Approved**

**Denied**

Date \_\_\_\_\_

Explanation:

Signature \_\_\_\_\_

**DATE RECEIVED:**

Revised 7/2005

**\*\* Childcare Provider Information**

Name: \_\_\_\_\_

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

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

**\* Additional Information**