

Unified School District No. 308 Reno County, Kansas
Hutchinson Public Schools
Hutchinson, Kansas

FOR CONSIDERATION, THIS COMPLETED
APPLICATION MUST BE SUBMITTED TO
ANY SCHOOL OR DISTRICT OFFICE NO
LATER THAN May 1.

TRANSFER APPLICATION for K-6 USD 308 STUDENTS

Transfer application is to be made **annually** for USD 308 students to attend a school other than the school in their residence's boundary. Transfers to buildings other than Hutchinson Magnet School at Allen will be granted only under conditions specified in Parent Handbook or very limited extenuating circumstances approved. In all cases, transfers will not be granted if space is not available as per pre-established limits at each building.

Mother: _____ Home #: _____ Cell #: _____
Last First

Address: _____ City: _____

Father: _____ Home #: _____ Cell #: _____
Last First

Address: _____ City: _____

Student Information (List all elementary children for whom transfers are requested:

Student: _____ Grade: _____ for the **2016-17** school year.
Last First

Student: _____ Grade: _____ for the **2016-17** school year.
Last First

Student: _____ Grade: _____ for the **2016-17** school year.
Last First

Requested Boundary Change:

School student(s) currently attend: _____ School you wish student(s) to attend: _____

USD 308 boundary in which student(s) reside(s): _____

REASON FOR REQUEST (Check appropriate box below)

- Siblings of students whose Individual Education Plan (IEP) requires program services not available in his/her boundary school
- Students of district employees. Building of employee's work assignment: _____
- Extenuating circumstances (examples – recent death of a student's parent, student with life-threatening medical condition, recent student placement in foster care). Explain educational need for transfer in space below (district may request additional documentation)

Date

Parent's Signature

Approval / Denial (All placements are temporary until final approval.)

Signature: Administrator of requested school

____ Approved ____ Denied Date: _____

Signature: Administrator of attendance area school

____ Approved ____ Denied Date: _____

Signature: Central Office Administrator

____ Approved ____ Denied Date: _____

2016-17

2016-17