

INTRADISTRICT OPEN ENROLLMENT

**PARENT/GUARDIAN TRANSFER REQUEST
FROM A “PERSISTENTLY DANGEROUS” SCHOOL**

Instructions: To request a transfer for your child out of a school that has been designated as “persistently dangerous,” please complete the following form and return it by [return date] to the district office. You will be notified by [date] regarding your child’s school assignment for the next school year and your options if you decide to decline the school assignment at that time.

Child’s Name: _____

Parent/Guardian’s Name: _____ Signature: _____

School Child Currently Attends: _____

Please write numbers in the boxes below to rank your top [number] choices of available schools:

_____ [school name]_____

_____ [school name]_____

_____ [school name]_____

If you have any questions, please contact [name] at [phone number].