

Comments:

School District of Monroe

Elementary School Building Request/Transfer Form
The School District of Monroe will follow policy JECC when reviewing student building requests/transfers.

| First Name: | Middle Initial: | Last Name: |
|--|--|--|
| Grade (Current School Year): | Current School: | Requested School: |
| Parent/Guardian Name: | | Parent/Guardian Home Phone: |
| | | Parent/Guardian Cell Phone: |
| Reason for Request: The School District of Monroe | reserves the right to verify any requ | est information. Please include all supporting contact information. |
| Child Care | | |
| Child Care Provider's Na | nme: | Child Care Provider's Phone Number: |
| Child Care Provider's Ad | ldress: | |
| | | |
| Employment | | |
| 1st Parent/Guardian Place | e of Employment: | Employer Phone Number: |
| | | Employer Phone Number: |
| Reason: | | |
| | ve (Please include documentation/p | roof of new address.) |
| Previous Address: | | |
| | | |
| | | |
| Other (Please explain i | in the box below) | |
| | | |
| | Parent/Guardian Agreemen | nt (Please read carefully) |
| Requests will be reviewed and r | renewed annually based on class/gr ibility of the parent/guardian if the re | school year. A new transfer request must be submitted each year ade level sizes not exceeding District guidelines. I understand the esidence is located within another school's designated area. |
| By checking the box to the provided accurate information | | udent above, I agree to the terms of the transfer request and have |
| This completed request/transfer f | form must be submitted to the District | et Enrollment Office. Date of Request (MM/DD/YY): |
| Parent/Guardian Signature: | | Relationship to the Child: |
| | | CLOW THIS LINE |
| Approved | | |
| Not Approved Prince | cipal Signature: | Date: |