



Date: _____ Intake Initials: _____

INTRA-DISTRICT TRANSFER REQUEST for the ENROLLMENT OFFICE

As parent/guardian, I am requesting a transfer from one school in the Somerville Public Schools to another school in the district (“intra-district transfer”) and authorize the transfer of school records:

Student Name: _____
Last First Middle Initial

Date of Birth: _____ **For School Year:** 2024-2025

Please do not complete this form if your child receives special education services. Instead, contact your child’s special education liaison to discuss if a school transfer is possible.

From:
Current School: _____ **Grade:** _____

To:
Requested School: _____ **Grade:** _____

Parent/Guardian Name: _____ **Please circle one:** Parent or Guardian

Email Address: _____

Address: _____

Phone: _____ **Does this child have any siblings in Somerville Public Schools?**

Sibling Name	Grade	School	Sibling Name	Grade	School
_____	_____	_____	_____	_____	_____

Please write additional siblings on the back of this form →

Please write the reason you want your child to change schools. (Use the back of this form if you need more space.)

Please note that asking for a change in school does not mean a seat is open in the Community Schools Afterschool Program at the new school. Please contact the Out of School Time Department at x6970 or email agiordano@k12.somerville.ma.us to find out if a seat will be open, or if you have any questions about after-school programs.

If you are also asking for a change of school because your home address has changed, please bring a copy of your new lease or mortgage statement AND the latest utility bill to your child’s school. The utility bill must be dated within the past 60 days for your child’s current school to change your home address.

Parent/Guardian Signature: _____ **Date:** _____

For Enrollment Office Use Only

CURRENT PROGRAM STATUS:

- Gen Ed
- Special Education
- SEI-1

- Approved
- Denied

Authorized Signature _____ Date _____

Comments:
