



Date: _____ Intake Initials: _____

ENROLLMENT OFFICE INTRA-DISTRICT TRANSFER REQUEST

As parent/guardian, I am requesting an intra-district transfer from one school in the Somerville Public School to another school in the Somerville Public School and authorize the transfer of school records:

Student Name: _____
LAST FIRST M.I.

If your child receives special education services, the enrollment office does not exclusively determine school assignment, please contact your child's special education liaison rather than complete this form.

Date of Birth: _____

FROM:

CURRENT SCHOOL: _____ **GRADE** _____

TO:

REQUESTED SCHOOL _____ **GRADE** _____

FOR SCHOOL YEAR: 2022-2023 2023-2024

Parent/Guardian Name: _____

Relationship to child: _____

Email Address: _____

Address: _____

Phone: _____ Any Siblings in Somerville Public Schools:

name grade school

name grade school

name grade school

name grade school

* Please specify the reason for the transfer request on the back of this form.

OVER

For Enrollment Office Use Only

CURRENT PROGRAM STATUS: Gen Ed Special Ed Services Special Ed Class SEI-1

Approved Proximity School: _____

Denied

Authorized Signature _____ Date _____

Comments: _____

