



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: ☐ 2024-2025

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: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Parent/Guardian Signature: _____ Date: _____