



Fax ___ Sent ___ Date _____
Intake Initials _____

Somerville Public Schools INTRA-DISTRICT TRANSFER REQUEST

As parent/guardian, I am requesting an Intra-District Transfer and authorize the transfer of school records as indicated from the:

CURRENT SCHOOL _____ GRADE _____ TEACHER _____
TO THE:
REQUESTED SCHOOL _____ GRADE _____

FOR SCHOOL YEAR: 2018/2019 _____ 2019/2020 _____
CURRENT PROGRAM STATUS: Reg Ed _____ Special Ed Services _____
Spec Ed Classroom _____ SEI _____ SEI Exit form on file _____

Please note: If currently enrolled in SEI, transfer request cannot be submitted unless Exit Form is attached. If student is currently in a Special Ed classroom, new location will be determined by the Special Education Dept. in accordance with each child's I.E.P..

Student Name: _____
last first m.i.

Date of Birth: _____ Gender: Male Female

Ethnicity:
 White Black Hispanic Asian Native American Other: _____

Home Language:
 English Spanish Haitian Creole Portuguese Other: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Relationship: _____

Siblings in Somerville Public Schools:

_____	_____	_____	_____	_____	_____
name	grade	school	name	grade	school
_____	_____	_____	_____	_____	_____
name	grade	school	name	grade	school

Proximity School: _____

Please specify the reason for request on the form attached.

Signature _____ Date _____

===== For Central Office Use Only =====

Approved _____ Denied _____
Authorized Signature _____ Date _____
Comments _____