

CHARLESTON

Community Unit School District

District Administration Office • www.charleston.k12.il.us

Phone: (217) 639-1000

410 West Polk Avenue, Charleston, IL 61920

Fax: (217)639-1005

BUILDING TRANSFER REQUEST

Transfers are for *one* year only. Parents must reapply **annually**.

Transfer considerations may include but are not limited to:

- Class size of receiving school must be less than the class size of the sending school.
- No additional expense may be incurred by the district
- Number of special needs students in both classes
- Parents must provide transportation unless the bus route and stops are already established to the designated receiving school
- Students will not be transported across attendance areas
- Each sibling is treated individually and all siblings may not be transferred

Student's Name	Fall Grade Level	Parents' Names
Address	Home Phone	Work Phone

Current Attendance Center: _____

Requested Attendance Center: _____

REASONS FOR REQUESTING A TRANSFER:

ALL REQUESTS ARE DUE TO THE PROPOSED RECEIVING ADMINISTRATOR BY THE LAST DAY OF SCHOOL. Parents will be notified following Central Registration if this transfer is approved or denied.

Parent Signature _____ Date _____

Administrator Signature Approved _____ Denied _____

Copies: Sending Administrator Receiving Administrator Student's Cumulative Folder Bus Garage District Office

A 1st-rate public education for a caring community!