



**Las Cruces Public Schools
Department of Instruction**

**Form JFB-E912 High School
Change Of School Assignment (Transfer Request)**

INSTRUCTIONS: The parent/guardian of the eligible student is to complete Parts I,II, and III, then submit the form to the Teaching and Learning Center **between February 1 and 5 p.m. on February 15.** *Policy JFB – Open Enrollment. Regulation JFB-R*

Part I - CHANGE OF SCHOOL ASSIGNMENT REQUEST (Please Print)

Student name: _____ Student ID: _____

Current/zoned school: _____

Requested School: _____

Birth date ____/____/____ Gender: _____

Grade in school _____ as of August 20__

Physical address: _____ Zip code: _____

Mailing address (if different): _____

Parent(s)/Guardian(s) _____

Primary phone: (_____) _____ (home/cell/work) Secondary phone:(_____) _____ (home/cell/work)

Parent/guardian e-mail address: _____

Is the student enrolled in any of these programs? Special Education AES ESL/Bilingual Dual Language

Does a student have a sibling(s) that attends the requested school? If yes, name(s) and grade(s) for the NEXT school year: _____

Is a parent/guardian: An employee at the requested school? (If yes, name: _____) **Active military?** Yes No

Please answer the following. Failure to indicate participation could result in reversal/denial of the transfer request.

If the student is an incoming 9th grader, does he/she intend to participate in NMAA sanctioned Athletics? Yes No

If the student is continuing in high school, did he/she participate in high school Athletics (including Cheer/Pom) at any time? Yes No If yes: Sport(s): _____ Level: (circle one- 9/JV/V) School: _____

Does the student intend to participate in any other NMAA sanctioned activity (band, choir, JROTC, etc.) at the requested school? If yes, which ones? _____

Part II – Assurances. Please initial next to each statement and sign below indicating your understanding of the regulation.

- _____ Transfers are approved based on school/grade level capacity and there is **no guarantee of approval.**
- _____ Special consideration will be given for students with siblings already attending the requested school, parents who are active military, parents who are employees of the requested school and documented extenuating circumstances (See Regulation JFB-R, Section IV, D, 1-4.)
- _____ If more transfer requests are received than space available in a school and/or grade level, a random selection process will be used.
- _____ Transportation is not provided for transfer students and is the responsibility of the parent/guardian.
- _____ **Prior to submitting a transfer request, student-athletes must meet with either the LCPS Director or Assistant Director of Athletics be advised as to all applicable NMAA and LCPS participation guidelines.**

Parent/Guardian Signature: _____ Date: _____

Part III- Review and Final action. LCPS USE ONLY.

Approved Denied Reason for denial: _____

Additional Notes: _____

Associate Superintendent of Instruction signature

Date

Parent notification date/method/by