****REVISED JANUARY, 2018. This form replaces Form JFB-E1****

Las Cruces Public Schools **Department of Instruction**	**Form JFB-EK8 Elementary/Middle School** **Change Of School Assignment (Transfer Request)**

INSTRUCTIONS: The parent/guardian of the eligible student is to complete Parts I,II, and III, then obtain signatures from the principals of the originating school and the requested school 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:_____

Originating 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 20__-__ school year: _____

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

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.

Parent/Guardian Signature: _____ Date:_____

Part III- Review and Final action. Principal of the originating and the requested school must sign this request.

To be completed by originating school principal:

I have discussed this request with parent/guardian.

_____ _____

Principal of originating school Date

To be completed by requested school principal:

☐Approved ☐Denied Reason for denial:_____ ☐Placed on Waiting List

Additional Notes: _____

_____

_____ _____ _____

Principal of requested school Date Parent notification date/method/by