

In-District Transfer Request For 2022 – 2023 School Year

1. In-District Transfer requests are based on the following stipulations:
 - a) Transportation to and from school will be the responsibility of the parent/guardian (transportation services will not be provided).
 - b) Facility space availability and admittance of the student does not require additional personnel to be hired.
 - c) Request must be submitted annually for each student and will be evaluated on an individual basis. Annual acceptance may not be granted if the student's academic, attendance, and/or behavior record is not in good standing.
 - d) Students (grades 7-12) who transfer from one school to another are subject to Kansas State High School Activities Association (KSHSAA) Transfer Rule. For more information, go to <https://www.kshsaa.org/Publications/Handbook.pdf> (Rule 18).

2. Student Information:

Student Legal Name (Last, First, M.I.)	Grade to be Enrolled In	Date of Birth (MM/DD/YYYY)
Street Address	City	State
		Zip Code
Primary Guardian Name (Last, First)	Telephone #	E-mail Address
Secondary Guardian Name (Last, First)	Telephone #	E-mail Address
District Assigned School	School Requesting	
Mark any that apply to your student: <input type="checkbox"/> Enrolled in Haysville Schools last semester <input type="checkbox"/> Participates in Athletics <input type="checkbox"/> Has an active IEP or 504 Plan <input type="checkbox"/> Participates in Vocal/Instrumental Music		
Reason For Special Transfer Request:		
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As parent/guardian, I understand that requests must be submitted annually for each student and will be evaluated on an individual basis. I also understand that transportation is the parent's/guardian's responsibility and that the Haysville School District reserves the right to revoke a special transfer request at any time and if In-District student numbers increase during the school year, my student may be moved back to their home school or to a school with space available.

Signature of Person Completing This Form

Relationship to Student

Date

FOR OFFICE USE ONLY

Sending Principal	Receiving Principal	Superintendent
APPROVED _____ DENIED _____	APPROVED _____ DENIED _____	APPROVED _____ DENIED _____
Comments: _____	Comments: _____	Comments: _____
_____	_____	_____
Signature & Date	Signature & Date	Signature & Date