



Attach two proof of residence that are no older than 30 days from the date of making this application.

| STUDENT INFORMATION   |  |   |       |
|---|--|---|-------|
| Name  |  | Transfer Type (check one): <input type="checkbox"/> Hardship <input type="checkbox"/> Employee <input type="checkbox"/> Virtual |       |
| Current School:   |  | School you are zoned to attend:   |       |
| Grade:  | School You Desire to Attend Next Year: |   |       |
| Current Address:  |  |   |       |
| City:   | State:                                 | ZIP Code:   |       |
| Previous Address:   |  |   |       |
| City:   | State:                                 | ZIP Code:   |       |
| PARENT/GUARDIAN INFORMATION   |  |   |       |
| Name(s):  |  |   |       |
| Phone:  | Cell:                                  | E-mail:   |       |
| HARDSHIPS (Documentation attached must meet the District Policy criteria and will be reviewed by superintendent or designee for approval)                                   |  |   |       |
| <input type="checkbox"/> Complete <b>SENIOR YEAR</b> at enrolled High School – family relocated <b>WITHIN</b> the St. Clair County school zone                              |  |   |       |
| <input type="checkbox"/> Complete <b>Remainder of Academic Year</b> at enrolled school – family relocated <b>WITHIN</b> the St. Clair County school zone                    |  |   |       |
| <input type="checkbox"/> Change of Foster Care Placement  |  |   |       |
| <input type="checkbox"/> Hardship (reason not listed above)   |  |   |       |
| EMPLOYEE  |  |   |       |
| <input type="checkbox"/> Employee requesting Student Assignment in School or Feeder pattern in which they are employed  |  |   |       |
| VIRTUAL (Documentation of acceptance into the program must be submitted)  |  |   |       |
| <input type="checkbox"/> Out of Zone Request for St. Clair County Virtual Preparatory Academy   |  |   |       |
| PARENT/GUARDIAN SIGNATURE   |  |   |       |
| <i>This transfer may be revoked if a student's academic performance, attendance, and/or conduct are not satisfactory.</i>   |  |   |       |
| I understand transportation is <b>not provided</b> and should transportation become challenging for the family, I have the option to enroll my student at the zoned school. |  |   |       |
| Signature of Parent/Guardian:   |  |   |       |
| FOR OFFICE USE ONLY   |  |   |       |
| <input type="checkbox"/> IDEA <input type="checkbox"/> 504  |  | Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied   | Date: |