



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: