Out of District Transfer Request



Out of District Transfer Request Procedure:

Note: District policy will not allow out of district transfers after the State of Kansas official enrollment date in September. Out of district transfers will only be considered for students in K-12th grade.

- 1. Out of District Transfer Request packets are available to parents in the principal's office at each school and at the District Office.
- **2.** Parent/guardians will complete the Out of District Transfer Request Application. Written comments should be provided which describe the reason(s) for requesting an out of district transfer.
- **3.** Return the completed out of district transfer application to the district office at: **101 E. South Street, Spring Hill, KS 66083**.
- **4.** Applicants may request a specific school within the district; however, placement will be determined by the Administration based on current enrollment, staffing, program and other considerations.
- **5.** The Assistant Superintendent will review the application and submit it to a potential receiving Principal.
- **6.** The potential receiving school Principal will contact the student's most current school of attendance and provide a recommendation. Application and recommendation will be forwarded to the District Transfer Committee.
- 7. The District Transfer Committee will meet to review out of district transfer requests. Written notification of the determination and placement will be provided to parents by the Committee. Reasons for the determination will not be provided.
- **8.** Out of district transfer requests for the succeeding year that are submitted by May 1 will be acted upon the week after on-line enrollment closes, the first part of August.



Out of District Transfer Request Application

District policy will not allow out of district transfers after the State of Kansas official enrollment date in September. Return application to Spring Hill School District Office: 101 E. South St., Spring Hill, KS 66083

Student Name:			Date of Request:
Student Address:			
City:	_ State:	Zip:	Home Phone:
Parent/Guardian Name(s):			
Cell/Work Phone:		_ Email Address:	
Address (if different than studen	t):		
City:	_ State:	Zip:	Home Phone:
Enrollment year: 20/20_ Does this student have a 504 or			for enrollment year:
Last School Attended:			Last grade completed:
School Address:			
City:	_ State:	Zip:	School Phone:
Reason(s) for transfer request: Please attach a letter which thor to the Spring Hill School District. documents, if necessary. Please connections to the district.	Include an	y plans for moving int	
School Requested:			
Spring Hill High	v	Volf Creek Elementary	/ Spring Hill Elementary
Spring Hill Middle	P	rairie Creek Elementa	ry Timber Sage Elementary
Woodland Spring Mi	ddle School		

Note: Consideration will be given to requests; however, placement will be determined by current enrollment, staffing, program space and other factors.



Out of District Transfer Request Application Response

Receiving School Principal's Comments:

Recommend transfer based on available information. Recommend transfer with reservation. Transfer not recommended based on available information.	on.
	Date
school district reserves the right to cancel, revoke or rescind transfer requ	
ict Transfer Committee Action:	
Request for transfer APPROVED for school year.	
Request for transfer DENIED for school year	
Committee Chairperson Signature	 Date

