

LEXINGTON PUBLIC SCHOOLS

Lexington, Massachusetts

Request for School Transfer (K-5 Elementary Schools Only)

Please refer to the Lexington Public Schools Administrative Procedure for Requesting Transfers Between K-5 Schools (<http://lps.lexingtonma.org/>) prior to completing this application form. Please type or print.

Student Name: (Last, First, MI)		Today's Date:	
Street Address:		Telephone:	
City:	Zip:	Current Grade Level:	
Please Check One: <input type="checkbox"/> This request is to continue an existing out-of district placement. <input type="checkbox"/> This request is a new, first-time request for out of district placement.			
In-District (Neighborhood) School:		Out-of-District School Requested:	
Transfer Request is for the 20____ / 20____ School Year	Date for Implementation of Requested Transfer:	Grade Level at Time of Requested Transfer:	
Parent/Guardian Making Request:		Relationship:	
<p>This transfer is hereby granted in compliance with the School Committee's policy on the Student Transfer Process and is valid for the stated school year only. This transfer shall be renewed annually, depending on space available in the years following the initial transfer. A new <i>Request for School Transfer</i> form must be completed by May 15 of each year preceding the year of the desired transfer placement. Parents are responsible for transportation to and from the out-of-district school. Parents/Guardians will be notified of approval/disapproval of transfer request by August 1.</p>			
Parent/Guardian Signature:		Date:	
Approved by Superintendent of Schools:		Date:	

Request for School Transfer application form must be submitted no later than May 15 to Dr. Paul B. Ash, Superintendent of Schools, Lexington Public Schools, 146 Maple Street, Lexington, MA 02420.