



Student Name (Last, First) \_\_\_\_\_

Current school \_\_\_\_\_

**HARDSHIP TRANSFER FORM**

Student ID \_\_\_\_\_

Student DOB \_\_\_\_\_

Student Grade \_\_\_\_\_

Student Address \_\_\_\_\_

Student lives with:

Mother

Father

Both

Guardian

Group home/Shelter

Parent Name \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent email \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Reason for Hardship

Transportation

Medical

Sibling

Childcare

Please provide a brief explanation of why a change of schools is necessary for this student.

Has this information been shared with the principal/administrator of your current school? Yes No

Please provide any other information that would assist us in determining an appropriate school assignment.

E-Signature of Person Submitting Form \_\_\_\_\_

**Student Services Only**

SPED Yes No

Denied Approved

Assigned School

Coordinator Signature: \_\_\_\_\_

Date of review: \_\_\_\_\_