

SIBLING TRANSFER REQUEST FORM

The sibling transfer may be used to allow the requesting sibling to transfer into a school without participating in Choice or transfer into a school when one student is selected for a transfer through Choice and the other sibling is not.

Date: _____ Effective During the School Year of: _____ 20____ - 20____
(Please Only Select One)

Parent or Guardian Name: _____ Relationship: _____

Email Address: _____

Resident Address: _____

Zip _____

Phone: _____ Cell Phone: _____

INFORMATION FOR STUDENT REQUESTING TRANSFER:

Name of Student :	Grade	
Requested School:	Does the student receive special services?	Yes or No (circle one)

(If more than one student, complete below :)

Name of Student:	Grade	
Requested School:	Does the student receive special services?	Yes or No (circle one)

SIBLING TRANSFERS CANNOT BE GRANTED FOR THE FOLLOWING REASONS:

1. **Due to Pre-K not being a mandated grade and not able to participate in the Choice process, Pre-k students are not allowed to receive a Sibling Transfer**
 - a. **Pre-K students cannot be transferred with a sibling approved for another program or school.**
 - b. **Siblings of a Pre-K student may not be able to be transferred, based on a sibling's Pre-K placement.**
2. **If the currently attending sibling will be leaving the school before the requesting student enters.**
3. **Once a student is granted a sibling transfer, the student may remain at the school for the remainder of that level (Elem. Middle, High) as long as the student's parent/guardian continues to reside in Richland Two.**
4. **If the student for which you are requesting the transfer requires a special program which is not at the requested school.**

SIBLING(S) CURRENTLY ATTENDING REQUESTED SCHOOL:

Sibling 1: _____	Grade: _____
Reason this student is approved to attend the requested school: _____	

Note: _____

Complete this form and e-mail to rwiley@richland2.org or fax to 803-738-7378.