

Official Use Only
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DES MOINES PUBLIC SCHOOLS
 WITHIN-DISTRICT
 TRANSFER APPLICATION
 2014-2015

Form must be submitted to:
 Open Enrollment
 1301 2nd Ave
 Des Moines, IA 50314
 Or Faxed To: (515) 242-7907

**COMPLETE ONE APPLICATION FOR EACH STUDENT REQUESTING A TRANSFER.
 APPLICATIONS NOT RECEIVED BY THE DEADLINE WILL BE DENIED.**

Deadline for grades 1-12: March 1, 2014

Deadline for kindergarten: September 1, 2014

*****All information must be completed for the application to be considered*****

Student Name: _____ Date of Birth: _____

Gender: Male/Female Grade Level Entering: _____ Home Phone: _____

Home Address: _____ Zip: _____ Work Phone: _____

Parent Name: _____ Alt. Phone: _____

School in which student is currently enrolled: _____

We request that the above named student be allowed to attend _____ school
 Is this a request to continue in the school your student currently attends? _____ Yes _____ No

Please list siblings currently attending this school. Name _____ Grade _____

Please list other acceptable choices if first choice is not available: _____

Is this child currently enrolled in Special Education* _____ Yes _____ No

*If the student is in a special education program, approval is contingent upon available space in the receiving special education program as well as other open enrollment criteria.

For classification, in accordance to the district's diversity plan please complete the following household information:

Total number of household members	Total GROSS MONTHLY household income*

If Income information is not provided, your student will be classified as a non-minority in accordance to the district's diversity plan

My signature below indicates that all information is accurate and that I have read and understand the following:

- Approval is for this student only and **does not** guarantee approval of future siblings. **Future requests for other siblings will be considered on an individual basis.**
- **Transportation for students approved for transfer is the sole responsibility of the parent.** The student and parent are responsible for the cost of any transportation services provided by the District.
- Approval is for **this school's feeder pattern.** Students moving from elementary to middle school or middle to high school **NEED NOT REAPPLY FOR A TRANSFER TO FOLLOW THE ORIGINAL APPROVED SCHOOL'S FEEDER PATTERN.** If the feeder school and/or home attendance school is not the desired school, a within district transfer application will need to be submitted by March 1st of the preceding school year. Approvals will be based on space availability in the order in which the applications are received as long as it does not adversely affect the diversity plan.
- **Any changes to the original application must be submitted in writing and could impact the received date of the application.**
- **If you are requesting transfer for a kindergarten student please be advised that a decision will not be made until after the final fall registration. You will be notified of the decision during the second week of August.**
- **Participation in the within district transfer program is contingent on the student being and remaining in good standing.** (Good standing may include factors such as attendance, behavior, academic progress, etc.) Students exhibiting chronic problems in these areas may be denied or terminated from the program if deemed appropriate by the Administration.
- Within District Transfer may be terminated if it is determined that the approval was granted based on misleading information provided at the time of the application.

If your transfer is terminated for any reason, the student will be ineligible for transfer for one full academic year.

Signature of Parent/Guardian: _____ Date: _____

All late applications MUST complete the reverse of this form or they will not be considered.

This section should only be completed IF the application is being filed after the deadline. Omit if filing prior to March 1 (September 1 for kindergarten.) Late filed applications may be approved if the reason for late filing meets one of the following reasons.

Options for Good Cause	Date of Change
_____ Family moved to a new residence after the deadline	_____
_____ Change in marital status of the student's parents <i>resulting in a change of residence after the deadline</i>	_____
_____ Placement of the student into foster care <i>resulting in a change of residence after the deadline</i>	_____
_____ Adoption <i>resulting in a change of residence after the deadline</i>	_____
_____ Participation in a foreign exchange program	_____
_____ Participation in a substance abuse or mental health treatment program <i>resulting in a change of residence after the deadline.</i>	_____
_____ Loss of accreditation or revocation of a private or charter school* after the deadline	_____

* If good cause is related to change in status of a child's current school, transfer request must be filed within 45 days of last board action or within 30 days of certification or an election, whichever is applicable.

_____ Severe health and/or pervasive harassment** **beginning after the deadline**
 Use the lines below to provide the status of health concern or history of harassment **that began after March 1 deadline:**

** If the application is being made in response to an alleged severe health need or pervasive harassment of student, the following criteria must be met in accordance to the Iowa Code.

Severe health criteria:

1. The serious health condition of the child is one that has been diagnosed by an appropriate healthcare provider, and the diagnosis has been provided to the school of residence.
2. The serious health condition is neither short-term or temporary
3. The school has been provided with the specifics of the child's health needs caused by the serious health condition and knows, or should know, what specific steps its staff must take to meet the child's needs.
4. School officials, upon notification of the serious health condition and the steps to be taken to meet the child's needs must have failed to implement such steps or, despite the school's efforts, its implementation of the steps was unsuccessful.
5. **A reasonable person could not have known before March 1 that the district could not, or would not, adequately address the child's health needs.**
6. It can be reasonably anticipated that a change in the child's school will improve the situation.

Pervasive harassment criteria:

1. **The harassment must have occurred after March 1 or the student or parent is able to demonstrate that the extent of the harassment could not have been known until after March 1.**
2. The harassment must be specific electronic, written, verbal or physical acts or conduct toward the student which created an objectively hostile school environment that meets one or more of the following conditions:
 - a. Places the student in reasonable fear of harm to the student's person or property.
 - b. Has a substantially detrimental effect on the student's physical or mental health.
 - c. Has the effect of substantially interfering with a student's academic performance.
 - d. Has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by the school.
3. The evidence must show that the harassment is likely to continue despite the efforts of the school officials to resolve the situation.
4. Changing the student's school will alleviate the situation.

I certify that the above information is true.

CAUTION: Knowingly providing false information on this form may invalidate the application.

 Signature of parent or guardian

Date: _____