



Boundary Adjustment Sibling Request Form

Use this form to request sending siblings at the same level of education (elementary, middle or high) who are assigned to different schools in the 2019 boundary adjustments to the same new school assignment. The student applying for transfer will be automatically approved if they meet the grade level criteria. Bus transportation is available for eligible students. RETURN THIS FORM TO THE SCHOOL OFFICE BY MARCH 1, 2019.

Date: _____ School office, date stamp received here: _____

Name of student requesting transfer to new school assignment (one form per student):

Student ID#:

Parent/Guardian name:

Residence address:

Phone:

Grade student named above is entering in fall 2019 (circle one – eligible grades shown):

4 5 7 8 10 11 12

Student named above has one or more siblings that reside at the same address (please circle):

Yes No

Sibling's name(s):

Grade sibling(s) is/are entering in fall 2019 (circle below – eligible grades shown):

Kinder 1 2 3 6 9

School sibling(s) named above are assigned to attend in fall 2019:

I understand that by submitting this form, I am requesting that my older student leave their current school and attend the new school assignment with their younger sibling.

Parent/Guardian signature: _____