



COMMUNITY SCHOOL DISTRICT

### Request for Transfer Waiver

Due to personal extenuating circumstances, please consider my request to place my child(ren) at the school listed below.

Assigned School: \_\_\_\_\_ Requested School: \_\_\_\_\_

| Student Name | Grade Level/Current Year | Grade Level/Next Year |
|--------------|--------------------------|-----------------------|
|              |                          |                       |
|              |                          |                       |
|              |                          |                       |
|              |                          |                       |
|              |                          |                       |

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Extenuating Circumstances:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete this form and return to Deb Starcevich, District Registrar, SEP District Office**  
[district\\_registrar@southeastpolk.org](mailto:district_registrar@southeastpolk.org) or fax 515-967-4257

Families who move to another school boundary [within our district] but seek the opportunity to have their child continue to attend the previous school, or wish for their child to attend a school other than the assigned school, and wish to use district transportation, will be charged a transportation fee of \$180 for the school year.

**NOTE:** For any consideration, the request must also meet the requirement to be in the best interest of the Southeast Polk Community School District.

Approved  Denied      Contact to be made by: \_\_\_\_\_ Date: \_\_\_\_\_

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Dr. Dirk Halupnik, Superintendent • 8379 NE University Ave. • Pleasant Hill, IA 50327 • Phone: 515-967-4294 • Fax: 515-967-4257