



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 Starceвич, District Registrar, SEP District Office
deborah.starceвич@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