



REQUEST FOR TRANSFER WAIVER – GRADES K-5

Due to personal extenuating circumstances, please consider my request to place my child(ren) at the school listed below for grades Kindergarten through 5th grade.

Assigned School: _____ **Requested School:** _____

Student Name	Grade Level - Current School Year	Grade Level - Next School Year

Parent/Guardian Name: _____

Address: _____

Phone: _____

Extenuating Circumstances: _____

Complete this form and return to Deb Starcevich, District Registrar, SEP District Office
deborah.starcevich@southeastpolk.org or fax 515-967-4257

Families who complete the request for transfer waiver process and have their request approved are responsible for providing transportation to and from their newly assigned school. In some instances district transportation may be an option, but families would be charged a transportation fee for the school year.

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

___ Approved ___ Denied Date: _____ Contact to be made by: _____

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