Southeast Polk
COMMUNITY SCHOOL DISTRICT

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.*

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: _____