



Attach two proof of residence that are no older than 30 days from the date of making this application.

STUDENT INFORMATION			
Name		Transfer Type (check one): <input type="checkbox"/> Hardship <input type="checkbox"/> Employee <input type="checkbox"/> Virtual	
Current School:		School you are zoned to attend:	
Grade:	School You Desire to Attend Next Year:		
Current Address:			
City:	State:	ZIP Code:	
Previous Address:			
City:	State:	ZIP Code:	
PARENT/GUARDIAN INFORMATION			
Name(s):			
Phone:	Cell:	E-mail:	
HARDSHIPS (Documentation attached must meet the District Policy criteria and will be reviewed by superintendent or designee for approval)			
<input type="checkbox"/> Complete <b>SENIOR YEAR</b> at enrolled High School – family relocated <b>WITHIN</b> the St. Clair County school zone			
<input type="checkbox"/> Complete <b>Remainder of Academic Year</b> at enrolled school – family relocated <b>WITHIN</b> the St. Clair County school zone			
<input type="checkbox"/> Change of Foster Care Placement			
<input type="checkbox"/> Hardship (reason not listed above)			
EMPLOYEE			
<input type="checkbox"/> Employee requesting Student Assignment in School or Feeder pattern in which they are employed			
VIRTUAL (Documentation of acceptance into the program must be submitted)			
<input type="checkbox"/> Out of Zone Request for St. Clair County Virtual Preparatory Academy			
PARENT/GUARDIAN SIGNATURE			
<i>This transfer may be revoked if a student's academic performance, attendance, and/or conduct are not satisfactory.</i>			
I understand transportation is <b>not provided</b> and should transportation become challenging for the family, I have the option to enroll my student at the zoned school.			
Signature of Parent/Guardian:			
FOR OFFICE USE ONLY			
<input type="checkbox"/> IDEA <input type="checkbox"/> 504		Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: