

JECB. Student Transfers

Request for Inter-District Transfer *Into* Bethel School District

Student Information

Legal Last Name _____ Legal First Name _____

Legal Middle Name _____ Date of Birth _____ (MM/DD/YY)

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Student Grade Level in 2021-22 _____

School requested in 2021-22 _____ Second choice _____ Third choice _____

School student attended during the 2020-21 school year _____

Did the student have a transfer for the 2020-21 school year? Yes No

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

Is there a sibling of this applicant currently attending in this district? Yes No

If yes, name of sibling and school attending _____

Parent/Guardian Name (Person in Parental Relationship) _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail Address _____

By signing below, I acknowledge that Bethel School District does not provide transportation for transfer students. I understand the transfer may be revoked if the student violates school and/or district rules and regulations, has irregular attendance or chronic tardiness, fails to meet behavior expectations, or if the information on this form is falsified. I acknowledge my student is not guaranteed a seat at any Bethel school.

Signature of Parent/Guardian _____ Date _____

<p>Resident District: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason for denial: _____</p> <p>Superintendent/Designee: _____</p> <p>Date _____</p>	<p>Receiving District: Bethel SD</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason for denial: _____</p> <p>Superintendent/Designee: _____</p> <p>Date _____</p>
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Request for Inter-District Transfer *Out* of Bethel School District

Student Information

Legal Last Name _____ Legal First Name _____

Legal Middle Name _____ Date of Birth _____ (MM/DD/YY)

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Student Grade Level in 2021-22 _____

School student most recently attended _____

District requested _____

Parent/Guardian Name (Person in Parental Relationship) _____

Parent/Guardian Primary Phone _____ Secondary Phone _____

Parent/Guardian E-mail Address _____

Parent/Guardian Signature _____ Date _____

<p>Resident District: Bethel SD</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason for denial: _____</p> <p>Superintendent/Designee: _____</p> <p>Date _____</p>	<p>Receiving District: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason for denial: _____</p> <p>Superintendent/Designee: _____</p> <p>Date _____</p>
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