Do not use this form, if your transfer request is not based on a safety issue.

STUDENT INFORMATION

***Student ID:* _____, DOB _____/_____/_____**

Office use only

Name: _____ _____

Last Name **First Name**

School: _____ Ed Type:_____ Grade:_____

Please complete the following questions as they apply to your request for transfer.

1. Has the student recently been transferred through SAO or suspended? Yes No
2. Did you speak to the school principal? Yes No
3. Did the incident involve another student(s) Yes No

   Name(s):_____

   _____
4. Was the incident witnessed by a school teacher or principal? Yes No

   Name:_____
5. Was the student physically assaulted? Yes No

   A. Did the assault involve any weapons? Yes No
6. Was the incident gang-related? Yes No
7. Is the student being threatened with physical violence or bullied? Yes No
8. Did the incident take place on school grounds? Yes No

   A. Please provide the approximate date and time of the incident

   Date:_____Time:_____AM/PM
9. Did you file a police report ? (If yes, please provide a copy) Yes No

Principals, let us know how you feel this matter would best be resolved and why?
(You must indicate whether or not you are in agreement with this request)

_____

_____

_____

_____

_____

_____

I agree **to a student transfer.** **I** do not agree **to a student transfer.**

_____ _____

Date