



# Appeal of Student Transfer Denial Jacksonville School District 117

In accordance with [Board Policy 7:30](#) students may only be allowed to transfer for:

- Student educational needs
- Student health needs
- Student safety

Students will not be allowed to transfer for issues such as:

- Before and after school childcare arrangements
- Family convenience

If this request is approved, it is important to realize the following:

- *Request for Student Transfer* under Board Policy 7:30 must be renewed annually. There is no guarantee that requests will be granted from one year to the next.
- Students must maintain good attendance, be punctual when arriving and leaving each day, and exhibit appropriate behaviors at all times. Multiple unexcused absences and/or tardies will result in the revocation of the transfer.
- Transportation to and from school is the responsibility of the parent.
- Parent must fulfill requirement to attend Parent-Teacher Conferences.

**\*\* This form must be completed in entirety within 14 days of initial denial notification. Reasons must be legitimate and in accordance with Board Policy 7:30. Official evidence supporting the transfer request must be attached. Additional pages may be attached if needed to provide a complete rationale for the appeal.**

## Parent/Guardian Information

Parent/Guardian's Name

Address

City

Zip Code

## Student Transfer Request Information

<i>Student's Name</i>	<i>Current School</i>	<i>Requested School</i>	<i>Last Grade Attended</i>



Appeal of Student Transfer Denial  
Jacksonville School District 117

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Appeal of the Denial of Student Transfer *(To be submitted to the Assistant Superintendent)*

I am exercising my right to appeal the denial of my request for student transfer.

I have attached a full written explanation as to why a transfer is needed.

I have attached additional documentation to support my request (as needed).

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*Printed Name of Parent/Guardian*

*Telephone Number*

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*Email Address*

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*Signature of Parent/guardian*

*Date*

The Assistant Superintendent's office will notify you of the results of your appeal within 14 calendar days.

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**Response to the *Appeal of the Denial of Student Transfer* (To be sent to the Parent/Guardian)**

Appeal has been reviewed and the request has been

Approved

Denied for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Signature of Superintendent/Designee*

*Date*

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**For Office Use Only:**

Date appeal received by the Assistant Superintendent's office: \_\_\_\_\_

Date parent/guardian notified of appeal approval/denial: \_\_\_\_\_