

GRAND ISLAND PUBLIC SCHOOLS

8331 TRANSERS WITHIN GIPS

It shall be the policy of the Grand Island Public Schools that students shall attend the school in the attendance area in which they reside. Reassignment may be made when deemed in the student's best interest and based upon the capacity of the class, grade level, program, and school building to which the student is applying. Capacities will be based upon class/program guidelines provided in Policy 8220 Admission of Resident Students. Special Education transfers will be allowed only when it is determined that educational needs as specified in the Individualized Education Plan cannot be provided in the neighborhood school.

It shall be the policy of the Grand Island Public Schools to limit elementary and middle school within-district transfers occurring during the school year. After the first Friday after Labor Day, within-district elementary and middle school transfers shall be limited to mandatory reassignment, students needing to access special programs, or if in the opinion of the administrator, denial of the transfer would be detrimental to the student's wellbeing.

Transfers will be reviewed and approved based on the following priority:

1. Capacity of grade level – Policy 8220 Admission of Resident Students
2. Sibling of a student accepted as a transfer previously
3. Day care needs
4. Attendance or discipline issues at neighborhood school
5. Enrollment Option Students

Applicants will be notified of approval or denial prior to August 15th.

The assignment of pupils (to classes) and teachers is made under the direction of the building administrator/s.

Reference: *GIPS Board Policy 8220 ADMISSION OF RESIDENT STUDENTS*

Policy Adopted: 11/3/80

Policy Revision: 7/8/91

Policy Revised: 3-3-97

Policy Revised: 8-2-01

Policy Revised: 8-14-03

Policy Revised: 11-13-08

Policy Revised: 01.15.2018

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### Administrative Procedures for Policy 8331

Page one of the Student Transfer Request form is to be completed for all students requesting transfer from one school to another within Grand Island Public Schools. The Student Transfer Request form applies to elementary and Middle Schools and is to be completed by the principal of the attending school following the required in Policy 8332 conference.

### Procedimientos Administrativos para las Políticas 8331

Primera página del formulario de Solicitud de Transferencia del Estudiante es para ser completado por todos los estudiantes que soliciten la transferencia de una escuela a otra dentro de las Escuelas Publicas Grand Island. El formulario de Solicitud de Transferencia aplica a las Escuelas Primarias y Secundarias y debe ser completado por el director de la escuela que esta asistiendo siguiendo el requisito de la conferencia de la Política 8331.

### Student Transfer Request

Date Received: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

School(s) requested: \_\_\_\_\_

Neighborhood school: \_\_\_\_\_ Grade: \_\_\_\_\_

School year for request: \_\_\_\_\_

Duration of request (End of school year, continuous, etc) \_\_\_\_\_

Reason for requested transfer:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Continued approval is dependent upon attendance and punctuality, and grade level enrollment at the requested school.*

<input type="checkbox"/> Request Denied
<input type="checkbox"/> Request Approved
Reason for approval or denial:

Principal Signatures:

\_\_\_\_\_  
Neighborhood School Principal

\_\_\_\_\_  
Receiving School Principal

**Solicitud de Transferencia del Estudiante**

Fecha Recibida: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Padre/Tutor: \_\_\_\_\_

Dirección: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teléfono: \_\_\_\_\_

Escuela(s) solicitada: \_\_\_\_\_

Escuela del vecindario: \_\_\_\_\_ Grado: \_\_\_\_\_

Año escolar de la solicitud: \_\_\_\_\_

Duración de la solicitud (Fin de año escolar, continua, etc.) \_\_\_\_\_

Motivo de solicitud de transferencia:

\_\_\_\_\_  
Firma del Padre/Tutor

\_\_\_\_\_  
Fecha

*La continua aprobación depende de la asistencia y puntualidad, y la inscripción del nivel de grado en la escuela solicitada.*

<input type="checkbox"/> Solicitud Negada <input type="checkbox"/> Solicitud Aprobada Motivo de la aprobación o negación:  
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Firma de los Directores:

\_\_\_\_\_  
Director de la Escuela de su Vecindario

\_\_\_\_\_  
Director de la Escuela que Recibe