

TITLE I PROGRAM IMPROVEMENT SCHOOLS

**PARENT/GUARDIAN TRANSFER REQUEST BASED ON
SCHOOL'S PROGRAM IMPROVEMENT STATUS**

Instructions: To request a transfer for your child out of a school that has been identified for [program improvement, corrective action or restructuring], please complete the following form and return it by [date] to [the district office or to the principal at your child's school]. You will be notified by [date] regarding your child's school assignment for the next school year and your options if you decide to decline the school assignment at that time.

Child's Name: _____

Parent/Guardian's Name: _____ Signature: _____

School Child Currently Attends: _____

Please write numbers in the boxes below to rank your top [number] choices of available schools:

[] _____ [school name] _____

[] _____ [school name] _____

[] _____ [school name] _____

If you have any questions, please contact the [district office or principal] at [phone number].