

REQUEST FOR TRANSFER WAIVER – GRADES K-5

Due to personal extenuating circumstances, please consider my request to place my child(ren) at the school listed below for grades Kindergarten through 5th grade.

Assigned School:	Requested School:	
Student Name	Grade Level - Current School Year	Grade Level - Next School Year
Parent/Guardian Name:		
Address:		
Phone:		
Families who move to another school boundary	heastpolk.org or fax 515-967-425 ary [within the SEP district] but seek	7 the opportunity to have
their child continue to attend the previous sc assigned school, and wish to use district transchool year.		
NOTE: For any consideration, the request muthe Southeast Polk Community School Distri		in the best interest of
Approved Denied Contact to be ma	ade by:	Date:
Learn. Lead. Live. Suc	ccess for college, career, and civic	life.
Dr.DirkHalupnik,Superintendent•407 8 th StSE	• Altoona, IA50009 • Phone: 515-967-4294 • F	ax:515-967-4257