

PETITION FOR TRANSFER OF STUDENTS

STATE OF ARKANSAS

COUNTY OF _____

TO THE BOARD OF DIRECTORS OF THE _____
(Resident School District)

I, _____, petition that my children or wards, as listed below, now residing in the _____ School District in _____ County, Arkansas, be transferred to the _____ Conway _____ School District in _____ Faulkner _____ County, Arkansas, for educational purposes under the provisions of Ark. Code Ann. § 6-18-316 authorizing such a transfer, effective the _____ day of _____, 20_____.

NAME	AGE	NAME	AGE

Phone: _____

(Signature of Petitioner)

CONSENT OF RESIDENT DISTRICT

The Board of Directors of _____ School District of _____ County, consents to have the student (s) listed above transferred from said school district.

Date Board Authorized Transfer

President of School Board

CONSENT OF RECEIVING DISTRICT

The Board of Directors of _____ Conway _____ School District of _____ Faulkner _____ County, consents to have the student (s) listed above transferred to said school district.

Date Board Authorized Transfer

President of School Board

File approved copies with: (1) resident district, (2) servicing district, (3) county clerk and (4) Arkansas Department of Education, State LEA Funding, Four Capitol Mall, Room 105-C, Little Rock, Arkansas 72201. If the school districts are in different counties, copies should be filled with both county clerks.

**TRANSFER OF STUDENTS
AFFIDAVIT**

According to Ark. Code Ann. §6-18-317:

(a) Boards of Directors of the local school district are prohibited from granting legal transfers in the following situations:

- (1) Where either the resident or the receiving district is under a desegregation-related court order or has ever been under such a court order; and
- (2) The transfer in question would negatively affect the racial balance of that district which is or has been under such a court order.

Whereas, the Board of Directors of _____ School District, in _____ County (resident district), and the Board of Directors of _____ School District, in _____ County (receiving district), have agreed to have the student (s) listed below transferred _____, 20____, and in granting this transfer have in no way violated Ark. Code Ann. §6-18-317.

NAME	AGE	NAME	AGE

RESIDENT DISTRICT SCHOOL BOARD MEMBERS' SIGNATURES	RECEIVING DISTRICT SCHOOL BOARD MEMBERS' SIGNATURES

**APPLICATION FOR STUDENT TRANSFER
 INTO THE CONWAY PUBLIC SCHOOL DISTRICT
 VIA PETITION FOR TRANSFER**

APPLICANT INFORMATION	
Student Name:	
Student Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade Student Will Enter (K-12):	
Reason for Requesting Transfer: _____ _____	
Does the student require special needs or programs? <input type="checkbox"/> Special Ed <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other <input type="checkbox"/> No If so, please provide a brief description of the required services: _____ _____	
Is student currently under expulsion or threat of expulsion from another District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student previously required disciplinary action of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a brief description: _____ _____	

PARENT OR GUARDIAN CONTACT INFORMATION	
Name:	Home Phone:
Address:	Work Phone:
Parent/Guardian Signature	Date:

DISTRICT USE ONLY
Date and Time Petition Received by CPSD:
Application Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>
Reason for Rejection (if applicable): _____ _____
Date Notification Sent to Parent/Guardian:
Date Approved Copy filed with Resident District:
Date Approved Copy filed with County Clerk(s):
Date Approved Copy filed with Department of Education: