



Form version: 7/31/09

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| <p>PARENT/GUARDIAN If the student is eligible for the NCLB Safe School transfer option, complete this application and return it to the principal at the student's current school.</p> | <p>No Child Left Behind Safe Schools Transfer APPLICATION</p> | <p>FOR OFFICE USE ONLY Date and Time Received: _____ Received By: _____</p> |
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PLEASE PRINT

Student First Name: _____ Last Name: _____ Middle Initial: _____

Student ASD ID Number: _____ Birth Month / Day / Year: / / Sex: M F

Parent/Guardian Name: _____ Daytime Phone: _____ Evening Phone: _____

Street Address: _____ City: _____, Alaska Zip Code: _____

| | |
|---------------------------------|--------------------|
| Student's Current School: _____ | Grade Level: _____ |
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| <p>Safe School Option To Which Student Is Applying To Transfer: _____ (Student may only apply to schools identified by the Anchorage School District as transfer options.)</p> |
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I request that the student listed above be considered for the NCLB Safe School option listed above. I understand the following: (1) The Anchorage School District is not required to provide transportation to the approved Safe School location. (2) The student listed above may continue to attend the approved Safe School location through the highest grade-level the school offers. (3) All current rules regarding sports eligibility continue to apply.

Parent/Guardian Signature: _____ Date: _____