

TORRINGTON PUBLIC SCHOOLS
TORRINGTON, CONNECTICUT

APPLICATION FOR INTRA-DISTRICT TRANSFER

Directions for Parents

The Board of Education establishes school boundaries.

The administration of each school is responsible to ensure that students are registered in their proper school district. Exceptions to attend a school other than in the assigned district may be granted at the discretion of the Superintendent of Schools for the reasons listed below. Included in such consideration are class size and racial balance. Intra-District requests are to be renewed annually.

1. Physical or Emotional Reasons

Supporting evidence: a physician or psychologist must signify in writing the nature of the physical or emotional reasons and the advantage of a transfer from one school to another. Parents are to provide transportation.

2. Child Care Provider

Supporting evidence: If an adult other than the parent or guardian cares for a child immediately before and after school hours, the parents must submit a **notarized Supporting Evidence for Child Care** form. Such a provider must attest to his or her willingness to be contacted by the school in the event of an emergency. The Supporting Evidence form must be attached to the parents' Application for Intra-District Transfer form at the time of application and to each renewal form yearly.

3. Family Removal to a New Home within the City of Torrington

Supporting evidence: An attorney or realtor must signify in writing that the family is moving to a new address within 60 days of the beginning of the current school year. If the move takes place after the school year has begun, the student may remain within the school district upon approval by the principal and the Superintendent of Schools. Parents are required to provide transportation.

Parents are expected to request Intra-District transfers well in advance of the start of the school year when such conditions allow. Administrative approval will be granted as soon as enrollment is stabilized in the receiving school.

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Please return this completed application to the home school from which the transfer is requested. The application is to be sent to the receiving school by the sending school. The first decision is made by the receiving school. It is not to be hand-carried between schools by a parent.

Transfer effective _____ school year

Name of Children to Be Considered for Transfer

Grade

Date of birth: ____/____/____

Date of birth: ____/____/____

Date of birth: ____/____/____

Sending School _____ to Receiving School _____

Reason for request: Physical/emotional reasons Listed child care New residence Emergency and unusual reasons
Please explain. Continue on another sheet if necessary.

Print name of parent/guardian

Telephone

Print address of parent/guardian

City, state, zip

Please read and sign this statement:

I do hereby certify that all of the statements contained herein are true and correct to the best of my knowledge and belief. I hereby agree that, pursuant to Connecticut General Statutes Section 10-186, if it is determined that my child is not entitled to be provided free school accommodations in Torrington, I agree to pay the Torrington Board of Education tuition for the period that my child was attending Torrington Public Schools and was not entitled to free accommodations in Torrington. I understand that my child is entitled to attend Torrington Public Schools only as long as he/she is a legal resident of the City of Torrington. I understand that Torrington Public Schools is not responsible for transportation if my child attends a public school other than his or her neighborhood school.

Signature of parent/guardian

Date

----- **For office use only – do not write below this line** -----

Recommendation of Receiving School Principal Yes No

Recommendation of Sending School Principal Yes No

Reason

Reason

Signature

Date

Signature

Date

If the student receives any special education instructional or related services, approval of the Director of Special Education is required.

Student

Yes No

Director of Special Education

Date

Granted

Refused

Superintendent

Date

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SUPPORTING EVIDENCE FOR CHILD CARE FOR INITIAL APPLICATION AND YEARLY RENEWAL

I (we), _____ certify that _____

Age _____ Grade _____ will be in the care of:

Name of provider

Signature of provider

Address

Telephone

This is effective for the _____ school year.

I (we) certify that I am currently employed by:

Mother: _____

Name of employer

Address

Telephone

Father: _____

Name of employer

Address

Telephone

Please read and sign this statement:

I (we) hereby certify that all of the statements contained herein are true and correct to the best of my knowledge and belief. I hereby agree that, pursuant to Connecticut General Statutes Section 10-186, if it is determined that my child is not entitled to be provided free school accommodations in Torrington, I agree to pay the Torrington Board of Education tuition for the period that my child was attending Torrington Public Schools and was not entitled to free accommodations in Torrington. I understand that my child is entitled to attend Torrington Public Schools only as long as he/she is a legal resident of the City of Torrington.

Date: _____ Signature _____

Date: _____ Signature _____

NOTARIZATION REQUIRED

Subscribed and sworn to before me

Notary Public

this ____ day of _____ 20____

Date Commission Expires: ____ / ____ / ____