

3/4	_____
HE	_____
HM	_____
HH	_____

DES MOINES PUBLIC SCHOOLS
**WITHIN-DISTRICT
TRANSFER APPLICATION
PRESCHOOL**
2015-2016

Form must be submitted to: Open Enrollment 1301 2 nd Ave Des Moines, IA 50314 Or Faxed To: (515) 242-7907

**COMPLETE ONE APPLICATION FOR EACH STUDENT REQUESTING A TRANSFER.
THIS APPLICATION IS FOR COWLES MONTESSORI AND WALNUT STEET SCHOOL ONLY**
Deadline: March 1, 2015

*****All information must be completed for the application to be considered*****

Student Name: _____ Date of Birth: _____
****Student must be 3 or 4 by September 15, 2015*

Gender: "Male""Female Home Phone: _____ Work Phone: _____

Home Address: _____ City/Zip: _____

Parent/Guardian Name: _____

We request that the above named student be allowed to attend _____ preschool

I would like my child to attend: (please circle) **AM** or **PM** or **First Available**
Full day programs may be available but there may be additional costs incurred by the family
*****Current physical and immunization records are required before entry*****

Is there a sibling who will be concurrently enrolled at the requested school? _____ Yes _____ No.

If yes, please list that student's name and reason attending the school here: _____

Please list other acceptable choices* if first choice is not available: _____
**If listing a school other than Cowles Montessori or Walnut Street School you will need to contact the Preschool Department at 242-7588*

Is this child currently enrolled in Special Education* _____ Yes _____ No
**If the student is in a special education program, approval is contingent upon available space in the receiving special education program as well as other within district transfer criteria.*

For classification, in accordance to the district's diversity plan please complete the following household information:

Total number of household members	Total GROSS MONTHLY household income*

If Income information is not provided, your student will be classified as a non-minority in accordance to the district's diversity plan

- My signature below indicates that all information is accurate and that I have read and understand the following:**
- Approval is for this student only and **does not** guarantee approval of future siblings.
Future requests for other siblings will be considered on an individual basis.
 - **Transportation for students approved for transfer is the sole responsibility of the parent.** The student and parent are responsible for the cost of any transportation services provided by the District.
 - Approval is for **this school's feeder pattern.** Students **NEED NOT REAPPLY FOR A TRANSFER TO FOLLOW THE ORIGINAL APPROVED SCHOOL'S FEEDER PATTERN.** If the feeder school and/or home attendance school is not the desired school, a within district transfer application will need to be submitted by March 1st of the preceding school year. Approvals will be based on space availability in the order in which the applications are received as long as it does not adversely affect the diversity plan.
 - **Any changes to the original application must be submitted in writing** and could impact the received date of the application.
 - **Participation in the within district transfer program is contingent on the student being and remaining in good standing.** (Good standing may include factors such as attendance, behavior, academic progress, etc.) Students exhibiting chronic problems in these areas may be denied or terminated from the program if deemed appropriate by the Administration.
 - Within District Transfer may be terminated if it is determined that the approval was granted based on misleading information provided at the time of the application.

If your transfer is terminated for any reason, the student will be ineligible for transfer for one full academic year.

Signature of Parent/Guardian: _____ Date: _____