Secondary Student Transfer INSTRUCTIONS & FORM (Grades 6-12)

Dear Parent/Guardian,

Requesting a transfer to a school outside of your neighborhood or feeder system is something to which you should give serious thought and consideration.

Please note:
• A transfer request must be completed for each individual child.
• Siblings do not automatically transfer if another child in the family is approved for a transfer.
• Only one (1) parent-initiated student transfer will be considered per academic year.
• Transfers will not be considered if made for the purpose of extracurricular activities (sports, music, etc.)
• Approved transfers will be reviewed and reconsidered each year based on available space and staff.
• There is no guarantee that a transfer will be approved from one year to the next.
• Approved middle school transfers will go to the feeder high school (Horizon to CHS, Wachter to BHS, Simle to LHS) if space is available when the student reaches the senior high level. If buildings, programs or classrooms reach capacity, the student may be returned to the school where they live based on boundaries. However, our aim is that once the student has transferred into the feeder during their middle or high school career to keep them in that feeder if at all possible.
• Transfer students do not qualify for district busing.
• Knowingly providing false information on the transfer request form shall be grounds for denial of the transfer application or revocation of a previously approved transfer.

Process & Timeline:
• Transfer requests will be accepted through Friday, December 20, 2019.
• Parents will be notified by mail the middle of January as to whether or not their transfer request is approved.
• If a transfer request is submitted after December 20, 2019 and before May 31, 2020; it will be decided no later than July 1, 2020. Transfer requests after May 31, 2020 will not be considered for current students.
• Families should plan that students attend their feeder school unless their transfer is approved.

How to Apply for a Transfer:
1. Make copies of two (2) proofs of residency.
2. These must be provided by the legal parent/guardian living in the Bismarck School District.
3. One (1) primary and one (1) secondary proof of residency must be submitted with the transfer form.
4. Examples of primary proof of residence: a home mortgage, builder’s agreement, deed, OR a lease/rental agreement that lists the names of the parents/guardians living in the rental unit, plus the manager’s name and phone number, or Burleigh County property tax statement.
5. Examples of secondary proof of residence: a bill for heat/lights, garbage/water bill, or cable TV bill dated within the last 30 days, OR a document from the Department of Social Services.
6. Unacceptable proofs of residence: post office change of address, credit card or bank statements, payroll checks, medical bills, personal taxes, automobile insurance policy, OR any proof older than 30 days.
7. Complete the Transfer Form below.
8. Mail or bring the completed Transfer Form and 2 proofs of residency to:
   Central Registration Hughes Educational Center (West side of the building, Door #2)
   806 N. Washington St. Bismarck, ND 58501
   Monday-Friday, 7:30 am to 4:00 pm, 701-323-4110 (please leave a message)

Safeguarding Your Athletic Eligibility:
1. You are eligible at any school upon enrolling for the first time as a ninth grade student in that school.
2. If you transfer schools within BPS, and your parents do not move into that high school district, you will be ineligible for varsity competition one (1) calendar year.
3. Please ensure that you check with your Building Activities Director for all rules and regulations regarding transfers.

For a full explanation of Safeguarding Your Athletic Eligibility, please visit the NDHSAA under Administrators & Coaches. Click Forms on the drop down menu.
2020-21 Secondary Student Transfer Form (Grades 6-12)

Name of Child ______________________________  Current Age _____  Grade in 2020-21 _____

Name of Parent or Guardian ________________________________________________________________

Address __________________________________________________________________________________

Telephone (Home) ______________  (Cell) ______________  (Work) ______________________________

City  State  Zip

In 2019-20, the child is receiving special education services or is on an IEP.   Yes ________ No ________

School attending in 2019-20 __________________________________________________________________

School assigned by feeder system ______________________________________________________________

School requested in 2020-21 ________________________________________________________________

District busing will only be provided to the school within the assigned attendance area.

Is this a district initiated transfer request due to large class sizes at the assigned school?  Yes____ No____

Reason for transfer request (BE SPECIFIC): __________________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

If you are seeking a transfer for this student’s sibling(s) for the 2020-21 school year, list their names, grades and schools:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

I have read and understood the Transfer Instructions page before completing this form. Knowingly providing false
information on the transfer request form shall be grounds for denial of the transfer application or revocation of a
previously approved transfer.

This form MUST be accompanied by TWO (2) proofs of residency; one primary and one secondary.

If this transfer is approved, your signature acknowledges your child will transfer to the school you
requested for the school year indicated. Only one parent-initiated student transfer will be considered per
academic year. Approved transfers will be reviewed and reconsidered each year. Your child may not be
able to continue in this school or its designated feeder schools due to future capacity issues.

_______________________________________  ______________________________
Date  Signature of Parent or Guardian

DO NOT COMPLETE SECTION BELOW: FOR OFFICE USE ONLY

Approved ______________________________  ______________________________

Assistant Superintendent

Disapproved ______________________________  ______________________________

Comments:  ________________________________________________________________

_________________________________________________