



IRON COUNTY SCHOOLS

CREATING A BETTER TOMORROW FOR ALL

2077 W. Royal Hunte Dr. • Cedar City, Utah 84720
(435) 586-2804 • Fax (435) 586-2815 • www.irondistrict.org

Iron County School District In-District Transfer - General Guidelines

The following guidelines are in compliance with the Utah Administrative Rules R277 – 437:

1. The school district has the right to designate which grade levels, classes, schools, or programs are available for transfer students.
2. A student must be in, and remain in good standing in order to be eligible. The receiving school reserves the right to rescind the transfer if the student does not remain in good standing.
3. The Utah High School Activities Association guidelines and policies apply relative to transfer students who participate in high school athletics.
4. Once a transfer application is approved, the student may continue to attend the school until completion so long as space is available.
5. Transfer applications shall be reviewed annually and may be rescinded at the end of the school year.
6. For transfer students, transportation to and from the requested school is the responsibility of the parent/guardian of the student.
7. Transfer approval is granted on an individual basis. There is no enrollment guarantee for siblings or neighborhoods.
8. The transfer request may require a meeting with the principals involved in the transfer and the superintendent of schools.

The attached Request for In-district transfer form must be completed prior to contacting the administration of the transferring school.

Iron County School District

Request for Transfer Within District Boundaries

Student Name _____	Grade _____
Boundary School _____	Requested School _____
Student Name _____	Grade _____
Boundary School _____	Requested School _____
Student Name _____	Grade _____
Boundary School _____	Requested School _____

Parent/Legal Guardian _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Requested transfer for: Current school year Next school year

My student receives specific services for special needs: Yes No

Reason for request: _____

I hereby certify that the information above is true and correct to the best of my knowledge. Any falsification of the above information will result in cancellation of a transfer permit.

Parent/Guardian Signature

Date: _____

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

_____	Date: _____
Superintendent	Adopted Aug 2004