

This form is only for students **CURRENTLY** enrolled in a Gallup-McKinley County School.

Reference NMSBA Regulation 1050JFB Open Enrollment, Exhibit J-1081 JFB-E

**GALLUP MCKINLEY COUNTY SCHOOL DISTRICT
APPLICATION FOR IN-DISTRICT TRANSFER
SY 2018-2019**



A TRANSFER REQUEST DOES NOT GUARANTEE ADMITTANCE INTO THE SCHOOL REQUESTED. IT IS POSSIBLE THAT TRANSFER REQUESTS MAY NOT BE CONSIDERED UNTIL AFTER THE FIRST SCHOOL DAY IN SEPTEMBER.

Student must attend their attendance area school while transfer is being considered. _____ (initial)

Section 22-1-4 House Bill 212 of 2003 designates students to be enrolled or re-enrolled in each Gallup McKinley County Public School according to the following priorities:

- **Priority 1 Students who attend school in their attendance area.**
- **Priority 2 Students enrolled in a school ranked as a school in need of improvement or a school subject to corrective action (State ranked D or F) transferring to a school ranked A, B, or C.**
- **Priority 3 Students who previously attended the school but live outside the attendance area.**
- **Priority 4 All other students applying for a transfer to a school outside their attendance area/zone.**

For Priority **3 & 4**, I understand that if the receiving schools' enrollment numbers reach the maximum capacity for safety and allocated resources, my child will have to return to his/her home school in the appropriate attendance area. _____ (initial)

For Priorities 2, 3, and 4 **transportations is not provided by the district.** _____ (initial)

Student's Name _____ Date of Birth ____/____/____ Grade Transferring Into _____

Student's Physical Address _____ City _____ State _____ Zip Code _____

Student's Mailing Address _____ City _____ State _____ Zip Code _____

Student's School Attendance Area _____

School requesting to attend _____ Sibling(s) attend this school Yes No

REASON(S) Parent/Guardian is applying for transfer _____

I have read the four (4) Priority options of Section 22-1-4 House Bill 212 outlined above and AGREE to the conditions for the transfer of my student (child):

Parent/Guardian Name (Print) _____ Contact Number _____

Parent/Guardian Signature: _____ Date _____

STUDENT SUPPORT CENTER ONLY:

Director: Approved _____ Denied _____ Date _____ Initials _____

Reason Denied: _____

STARS Verification (initials) _____ Personnel/Finance Verification (initials) _____

Submit request to the Department of Curriculum & Instruction