**WATERLOO COMMUNITY SCHOOL DISTRICT**

**2023-2024**

**VOLUNTARY STUDENT TRANSFER PROGRAM (V.S.T.P) APPLICATION**

**HIGH SCHOOL TRANSFER OPTIONS**

Below are the options for the 2023-2024 Voluntary Transfer program. Submitting an application **does not** automatically mean that your child will be approved for the program. If your student is on an IEP, transportation **will not** be provided on a voluntary student transfer status. All approvals will be based on the space availability within the grade and school. **Transportation will be the parent or guardian’s responsibility**.

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Boundary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (2023-2024): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School (9-12) Note:** (No Voluntary Transfers into West High)

West to East  West to Expo

East to Expo

**List all sibling(s) currently on V.S.T.P. and the school / grade currently attending**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL APPLICATIONS FOR THE V.S.T.P. MUST BE FILED BEFORE **May 30, 2023**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian** **Date**

**Yes**  **No**

**I authorize the release of free/reduced eligibility information if necessary for the determination of this voluntary transfer application.**

**PLEASE NOTE:** Attendance and Behavior Policies/ Procedures will continue to be enforced and monitored. If attendance/ behavior becomes an issue, the Voluntary Student Transfer or Special Permission may be revoked with students being reenrolled in their boundary school.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received by school or ESC Time received by school or ESC Initials of receiving party**

Student Services  Approved  Denied  Does not Qualify  Late Application

Use Only  Low SES  High SES  Special Needs (Level \_\_\_\_\_)  VT Tag  Ethnicity\_\_\_\_\_\_