

**WATERLOO COMMUNITY SCHOOL DISTRICT**  
**2025-2026**  
**VOLUNTARY STUDENT TRANSFER PROGRAM APPLICATION**  
**MIDDLE SCHOOL TRANSFER OPTIONS**

You must initial next to each requirement for your request to be reviewed.

\_\_\_\_\_ Submitting an application does not automatically mean that your child will be approved for the program.

\_\_\_\_\_ All approvals will be based on the space availability within the grade and school.

\_\_\_\_\_ NO STUDENT ON VOLUNTARY TRANSFER WILL BE PROVIDED TRANSPORTATION, including students with an IEP. Transportation will be the parent or guardian's responsibility.

\_\_\_\_\_ My student has not had a voluntary transfer revoked in the past.

\_\_\_\_\_ My student has not been deemed chronically absent (missing more than 10% or 18 days of school) during the past school year.

\_\_\_\_\_ My student has not had a major behavior referral during the past school year.

\_\_\_\_\_ 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 re-enrolled in their boundary school.

Name of Student \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Boundary School: \_\_\_\_\_ Grade (2025-2026): \_\_\_\_\_

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

**Please select the school you are requesting for the 2025-2026 school year.**

Note: There are no voluntary transfers into Hoover. Parents will be notified if approved by **August 1, 2025.**

- ☐ Hoover to Central      ☐ Central to Carver      ☐ Bunger to Central      ☐ Carver to Central
- ☐ Hoover to Carver      ☐ Central to Bunger      ☐ Bunger to Carver      ☐ Carver to Bunger
- ☐ Hoover to Bunger

**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 MUST BE FILED BEFORE July 15, 2025**

\_\_\_\_\_  
**Parent or Guardian - Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date received by school or ESC**

\_\_\_\_\_  
**Time received by school or ESC**

\_\_\_\_\_  
**Initials of receiving party**

Student Services Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> IEP	<input type="checkbox"/> Denied <input type="checkbox"/> VT Tag	<input type="checkbox"/> Does not Qualify <input type="checkbox"/> Late Application	<input type="checkbox"/> Max Capacity Met
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