

**Salem Public Schools - Transfer Application**

Date of Application: \_\_\_\_\_ School Year: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

**Student Information**

Child's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
First Full Middle Last

Address: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City Country

Name of school your child currently attends: \_\_\_\_\_

Reason for transfer request: \_\_\_\_\_

**Parent/Guardian Information**

I am the child's  Parent  Legal Guardian E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ child lives with  Yes  No Mobile Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ child lives with  Yes  No Mobile Phone: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's address, if different from student's: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Ethnic/Racial Group:**

Hispanic or Latino:  Yes  No **AND check all that apply:**  
 Asian  American Indian or Alaskan Native  
 Black  White  
 Hawaiian/Pacific Islander

**Primary Home Language**

English  Spanish  Vietnamese  
 Russian  Portuguese  Albanian  
 Other \_\_\_\_\_

**In which language would you prefer your school notification sent?** \_\_\_\_\_

**Is student receiving special services?**  Yes  No **If Yes**  IEP  504 Plan

**Is student receiving the following services?**  Title 1  LEP (English Lang. Learner)

**Medical Concerns/Daily Medications**  Yes  No \_\_\_\_\_  
*(If not in violation of confidentiality)*

**Special Circumstances:**  Homeless  Other: \_\_\_\_\_

<b>Siblings:</b>	<b>Name</b>	<b>Date of Birth</b>	<b>School Attending</b>	<b>Grade</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**My Household qualifies for Free/Reduced Lunch** Yes  No  Staff Initials \_\_\_\_\_

**Parent's School Choices** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**If you choose Bowditch, Would you prefer your child to participate in the Spanish elective program?**  Yes  No

**Would you like information about the Parent-Child Home Program for 2 and 3 year olds?**  Yes  No

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

<b>School Assignment:</b>	<b>Program: Reg.</b> ___ <b>ESL</b> ___ <b>Dual</b> ___ <b>NCP</b> ___ <b>SEI</b> ___ <b>SPED</b> _____
<b>Sibling Preference: Yes</b> ___ <b>No</b> ___ <b>If YES school:</b>	<b>SASID # :</b>
<b>School Closest to Home:</b>	<b>Free Transportation: Yes</b> ___ <b>No</b> ___ <b>Proximity:</b> _____
<b>Language Eval: Yes</b> ___ <b>No</b> ___ <b>If YES level:</b>	<b>Free/Reduced lunch: Yes</b> ___ <b>No</b> ___
<b>Waiting List: Yes</b> ___ <b>No</b> ___ <b>If YES which school:</b>	<b>NOTE:</b>