

LEXINGTON PUBLIC SCHOOLS

Lexington, Massachusetts

Request for School Transfer

Please refer to the Lexington Public Schools Administrative Procedure for Requesting Transfers Between K-5 Schools (<http://lps.lexingtonma.org/>) prior to completing this application form. Please type or print.

Student Name: (Last, First, MI)		Today's Date:	
Street Address:		Telephone:	
City:	Zip:	Current Grade Level:	
Please Check One: This request is <u>to continue an existing out-of district placement</u> . This request is <u>a new, first-time request for out of district placement</u> .			
In-District (Neighborhood) School:		Out-of-District School Requested:	
Transfer Request is for the 20____ / 20____ School Year	Date for Implementation of Transfer:	Grade Level at Time of Transfer:	
Parent/Guardian Making Request:		Relationship:	

Request for School Transfer application form must be submitted no later than May 15 to Dr. Mary Czajkowski, Superintendent of Schools, Lexington Public Schools, 146 Maple Street, Lexington, MA 02420.