



**Request for Transfer
Safety/Hardship**

Providence Public School District
Student Registration & Placement Center
325 Ocean Street
Providence, RI 02905
TEL: (401) 456-9297 FAX (401) 278-0553

STUDENT'S NAME:
Date of Birth: _____ **Student ID #:** _____

TELEPHONE CONTACT NUMBERS
H: () _____ - _____
C: () _____ - _____

CURRENT SCHOOL: _____

NAME: _____
 Parent Guardian Other _____

Grade: _____ **Ed Type:** _____

In the space provided below, briefly describe the reason you are requesting a transfer: (*must be completed*)

Please complete the following questions as they apply to your request for transfer.

1. Has the student recently been transferred through SAO or suspended? Yes No
2. Did you speak to the school principal? (*You must have principal's signature*) Yes No
3. Did the incident involve another student(s) Yes No
Name(s): _____
4. Was the incident witnessed by a school teacher or principal? Yes No
Name: _____
5. Was the student physically assaulted? Yes No
A. Did the assault involve any weapons? Yes No
6. Was the incident gang-related? Yes No
7. Is the student being threatened with physical violence or bullied? Yes No
8. Did the incident take place on school grounds? Yes No
A. Please provide the approximate date and time of the incident
Date: _____ Time: _____ AM/PM
9. Did you file a police report ? (If yes, please provide a copy) Yes No

Principals, let us know how you feel this matter would best be resolved and why?
(*You must indicate whether or not you are in agreement with this request*)

Print Name

Principal's Signature

Date

Print Name

Parent/Guaridan's Signature

Date