Unsafe School Choice Option (USCO)

Transfer Request Form

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Address: _____

Phone Number: _____

Email Address: _____

Student Information

Student Name: _____

Date of Birth: _____

Current School: _____

Current Grade Level: _____

Student ID Number (if known): _____

Basis for Transfer Request

Please indicate the reason for this request:

☐ My child's school has been identified as a Persistently Dangerous School under the Indiana Department of Education's Unsafe School Choice Option requirements.

☐ My child has been determined to be the victim of a violent offense while on school property.

Transfer Request

I am requesting consideration for transfer under the Unsafe School Choice Option.

Please indicate your preferred school choice(s), if available:

1st Choice School: _____

2nd Choice School: _____

3rd Choice School: _____

Note: Placement is subject to available capacity, grade-level enrollment, and applicable state and federal requirements.

Transportation Information

Does your child currently receive transportation services?

☐ Yes

☐ No

Will transportation assistance be needed if a transfer is approved?

☐ Yes

☐ No

Parent/Guardian Certification

I certify that the information provided on this form is accurate to the best of my knowledge. I understand that submission of this request does not guarantee placement at a specific school and that placement decisions will be based upon available capacity and applicable district policies.

Parent/Guardian Signature: _____

Date: _____

CAREER ACADEMY NETWORK OF PUBLIC SCHOOLS

DISTRICT USE ONLY

Date Request Received: _____

Received By: _____

Eligibility Verified:

☐ Yes

☐ No

Verification Date: _____

Receiving School Assigned: _____

Grade Level: _____

Transfer Approved:

☐ Yes

☐ No

Date Parent Notified: _____

Student Start Date: _____

Transportation Arranged:

☐ Yes

☐ No

Comments:

_____

_____

_____

Assistant Superintendent/Designee Signature:

_____

Date: _____

_____

Submission Instructions

Completed forms should be submitted to:

Enrollment Office
Career Academy Network of Public Schools (CANoPS)
3801 Crescent Circle
South Bend, IN 46628

Phone: _____

Email: enrollment@mycanops.com

The district will review requests and provide a written response within five (5) business days of receipt.