

This form is only for students **CURRENTLY** enrolled in a Gallup-McKinley County School.

Reference NMSBA Regulation 1050JFB Open Enrollment, Exhibit J-1081 JFB-E
GALLUP MCKINLEY COUNTY SCHOOL DISTRICT
APPLICATION FOR IN-DISTRICT TRANSFER
SY 2022-2023

A TRANSFER REQUEST DOES NOT GUARANTEE ADMITTANCE INTO THE SCHOOL REQUESTED. IT IS POSSIBLE THAT TRANSFER REQUESTS MAY NOT BE CONSIDERED UNTIL AFTER THE FIRST SCHOOL DAY IN **SEPTEMBER.**

Student must attend their attendance area school while transfer is being considered. _____ (initial)

Section 22-1-4 House Bill 212 of 2003 designates students to be enrolled or re-enrolled in each Gallup McKinley County Public School according to the following priorities:

- Priority 1 Students who attend school in their attendance area.
- Priority 2 Students enrolled in a school ranked as a school in need of improvement or a school subject to corrective action (State ranked D or F) transferring to a school ranked A, B, or C.
- Priority 3 Students who previously attended the school but live outside the attendance area.
- Priority 4 All other students applying for a transfer to a school outside their attendance area/zone.

For Priority 3 & 4, I understand that if the receiving school's enrollment numbers reach the maximum capacity for safety and allocated resources, my child will have to return to his/her home school in the appropriate attendance area. ____ (initial)

For Priorities 2, 3 and 4 **transportation is not provided by the district.** _____ (initial)

Forms will be reviewed starting July 1, 2022. _____ (initial)

Student's Name: _____ Date of Birth: ___/___/___ Grade Transferring Into: _____
Student's Physical Address: _____ City: _____ State: _____ Zip Code: _____
Student's Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Student's Attendance Area School: _____
School requesting to attend: _____ Sibling(s) attend this school? YES NO
REASON(S) Parent/Guardian is applying for transfer: _____

I have read the four (4) Priority options of Section 22-1-4 House Bill 212 outlined above and AGREE to the conditions for the transfer of my student (child):

Parent/Guardian Name (Print): _____ Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

STUDENT SUPPORT CENTER ONLY:

Director: _____ Approved _____ Denied _____ Date: _____ Initials: _____

Reason Denied: _____

STARS Verification (initials) _____ Director of Curriculum (initials) _____

Submit request to the STARS department or email to studentinfo@gmcs.org