

# Request for Safety Transfer

Do not use this form, if your transfer request is not based on a safety issue.

## STUDENT INFORMATION

Student ID: \_\_\_\_\_, DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

*Office use only*

Name: \_\_\_\_\_  
Last Name First Name

School: \_\_\_\_\_ Ed Type: \_\_\_\_\_ Grade: \_\_\_\_\_

**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?  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)*

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I agree to a student transfer.

I do not agree to a student transfer.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

