

This form allows you to request a transfer for your child from a school identified as “in need of improvement” to one that has not been designated as such. If you have questions regarding the transfer process, please contact **Dr. Bonnie Maxey, Assistant Superintendent of Elementary Education, at (314) 415-8024 or visit our office at 455 N. Woods Mill Road, Chesterfield, MO 63017.** If you wish to request a transfer, please complete this form and send to Dr. Maxey via regular mail, in person, by fax at (314) 415-8009 or scan and e-mail to [bmaxey@parkwayschools.net](mailto:bmaxey@parkwayschools.net) no later than **Friday, August 19, 2011.**

**The deadline for returning this form is August 19, 2011.**

Below are the schools eligible for transfer at this time. Go to [www.dese.mo.gov/planning/profile/building/bl096095.html](http://www.dese.mo.gov/planning/profile/building/bl096095.html) to review performance data for each school, or contact the school directly for a printed copy of their information. Parkway will provide transportation for your child as long as there is funding available. If the demand for transfers exceeds available funding, the priority to provide transportation will be for low-achieving, low-income students.

School Name	Phone Number	School Name	Phone Number
1. <a href="#">Barretts</a>	(314) 415-6000	4. <a href="#">Henry</a>	(314) 415-6350
2. <a href="#">Claymont</a>	(314) 415-6150	5. <a href="#">Mason Ridge</a>	(314) 415-6450
3. <a href="#">Hanna Woods</a>	(314) 415-6300	6. <a href="#">Pierremont</a>	(314) 415-6600

**Student Information (please print legibly):**

Name (First) _____ (Middle) _____ (Last) _____
Date of Birth _____ Address _____
Parent/Legal Guardian's Name _____
Telephone: Home _____ Cell/Work _____
Present School Assignment (2011-12) _____ Grade _____

**Requested School Assignment (in prioritized order):** Please note that depending upon the school's 2011-12 student enrollment numbers, Parkway cannot guarantee a transfer to your first choice school.

1. _____
2. _____
3. _____
Is your child currently receiving any special services? Yes _____ No _____
If yes, please describe the services:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Today's Date