

2016-2017 Transfer Request Application - Great Hearts Arizona

Transfer Steps

1. Applicant will complete an application in the online enrollment system for the desired academy.
2. Applicant will complete a "Transfer Request" application for one Great Hearts academy.
3. Email or deliver completed form to the Office Manager of the academy for which you are requesting a transfer.

***Please note for the 2016-17 school year the following schools cannot accept transfer requests due to AZ-CSP Grant regulations: Archway Trivium East*

A student may only request a transfer to one specific Great Hearts academy. In the case of siblings, transfer requests submitted for one sibling must be for the same recipient school as transfer requests submitted for all other siblings. Transfer requests are reviewed by the desired academy, and your application will be marked for "transfer priority" status once the request is approved.

Students eligible for transfer are required to start attending their current academy at or before the beginning of the second semester and must successfully complete the academic year at that academy to be eligible to transfer to their new academy of choice for the next school year. Transfer priority status does not guarantee enrollment, but rather it places the transfer application in a prioritized position on the waitlist for the desired academy in the desired grade. Students requesting a transfer must not be in the process of being expelled from their current academy. **ALL NINTH GRADE OR HIGHER INTRA-GREAT HEART TRANSFERS SHALL BE SUBJECT TO ARIZONA INTERSCHOLASTIC ASSOCIATE (AIA) ATHLETIC "TRANSFER" BYLAWS, AND PURSUANT THERETO MAY BE DEEMED INELIGIBLE FOR ATHLETIC ASSOCIATION.**

Student Applicant Information

Full Name: _____ Birthdate: _____
Last First M.I.
 Current Academy: _____ Current Grade : _____
 Academy to Receive Transfer Student: _____
 Reason for Transfer Request: _____

This student is NOT in the process of being expelled from his/her current academy: *(please check box if this statement is correct):*

Guardian Contact Information

Full Name: _____ Date: _____
Last First M.I.
 Address: _____
Street Address Apartment/Unit #
City State ZIP Code
 Phone: _____ Email: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I have read and agree to the transfer policy terms and understand that transfers are NOT a guarantee of enrollment. I understand that false or misleading information in my application or interview may result in the denial of this request.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ By: _____

Headmaster Signature: _____ Date: _____