



Parent Request for Change of Educational Specialist

Please assign the following students to a different Educational Specialist, if possible:

	Student ID Number	Student Name
1.		
2.		
3.		
4.		
5.		

_____ I know the Educational Specialist I would like to be transferred to:

Name: _____

_____ I don't know who I want to work with but prefer:

_____ An Educational Specialist that lives in my area

_____ A different Educational Specialist than I am currently assigned

Please specify the reason for requesting this change: _____

Parent Name _____ Phone: _____

Parent Signature _____ Date: _____

All transfer requests are considered individually. Students and parents should continue to work with their current ES, remaining in good academic standing until notice is received that the transfer has been approved. Typically transfers are not effective until the end of a Learning Period.

Please return this form to Student Records in any of the following ways:

student.records@springscs.org | 951-252-8802 / fax | 43462 Business Park Drive, Temecula, 92590

For Office Use Only

Transfer Date _____ Receiving ES _____