



## Parent Request for Change of Educational Specialist/Homeschool Collaborative Teacher

Please assign the following students to a different ES/HCT, if possible:

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

\_\_\_\_\_ I know the ES/HCT I would like to be transferred to

Name: \_\_\_\_\_

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

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/HCT, 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](mailto:student.records@springscs.org) | 27740 Jefferson Ave, Temecula, 92590 | Call 951-252-8811 with questions

*For Office Use Only*

Transfer Date \_\_\_\_\_ Receiving ES \_\_\_\_\_