



## MALDEN PUBLIC SCHOOLS

110 Pleasant St., Malden, MA 02148 Tel. (781) 397-7271 Fax (781) 397-1547

Ligia Noriega-Murphy  
Superintendent of Schools

Joan Federico, Manager  
Welcome Center

### **REQUEST FOR TRANSFER**

**FOR THE SCHOOL YEAR: 2023-2024**

*Please complete the following information and return to the Welcome Center*

Student's Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

**PLEASE PRINT**

Address: \_\_\_\_\_

*Is this a new address?* ☐ Yes ☐ No

*(If yes, please provide us with a current proof of address)*

Telephone: \_\_\_\_\_  
(Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Present School Attend: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Requested: \_\_\_\_\_ Program: \_\_\_\_\_

Has an Educational (Core Evaluation) Plan ever been written for your child? ☐ Yes ☐ No

Is your child currently receiving any special education services ☐ Yes ☐ No

If yes, what services? \_\_\_\_\_

Is your child currently receiving any ELL services ☐ Yes ☐ No

Please state your reason(s) for requesting a transfer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Names of other brothers or sisters currently attending the Malden Public Schools:*

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I Certify that all information on this form is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**IMPORTANT INFORMATION REGARDING**  
**REQUESTS FOR TRANSFER**

If the address of the child changes, you must provide the Welcome Center with a new proof of address.

If your child's Request for Transfer is not approved, you may place your child's name on our waitlist. Please indicate your decision below.

**\*\* IMPORTANT NOTICE:** If a space becomes available at your choice of a school, we will automatically place your child in that school and you will give up your place at the current assignment.

☐ Yes, I would like my child's name placed on the waitlist.

☐ No, I do not want my child's name placed on the waitlist.

Parent/Legal Guardian Signature: \_\_\_\_\_

**\*\*NOTE:** If you would like your child's name removed from the waitlist, you must contact us immediately.

All requests must be submitted in writing. If you have any questions, please contact us.

**Our waitlist will expire on October 1.** If you are still interested in transferring your child/children for the following school year, you may do so during our regular transfer period, which starts in May of each year.

**PLEASE NOTE: THE WELCOME CENTER WILL GRANT NO MORE THAN ONE TRANSFER REQUEST PER STUDENT PER YEAR**

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Student ID#: \_\_\_\_\_ ☐ Granted ☐ Not Granted

Reason: \_\_\_\_\_

Assigned School: Grade: Program: \_\_\_\_\_

Beebe \_\_\_\_\_ Ferryway \_\_\_\_\_ Forestdale \_\_\_\_\_ Linden \_\_\_\_\_ Salemwood \_\_\_\_\_

\_\_\_\_\_  
Welcome Center Authorized Signature

\_\_\_\_\_  
Date