

This form is only for students **CURRENTLY** enrolled in a Gallup-McKinley County School.

Reference NMSBA Regulation 1050JFB Open Enrollment, Exhibit J-1081 JFB-E  
**GALLUP MCKINLEY COUNTY SCHOOL DISTRICT**  
**APPLICATION FOR IN-DISTRICT TRANSFER**  
**SY 2023-2024**

**A TRANSFER REQUEST DOES NOT GUARANTEE ADMITTANCE INTO THE SCHOOL REQUESTED. IT IS POSSIBLE THAT TRANSFER REQUESTS MAY NOT BE CONSIDERED UNTIL AFTER THE FIRST SCHOOL DAY IN **SEPTEMBER**.**

Student must attend their attendance area school while transfer is being considered. \_\_\_\_\_ (initial)

Section 22-1-4 House Bill 212 of 2003 designates students to be enrolled or re-enrolled in each Gallup McKinley County Public School according to the following priorities:

- Priority 1 Students who attend school in their attendance area.
- Priority 2 Students enrolled in a school ranked as a school in need of improvement or a school subject to corrective action (State ranked D or F) transferring to a school ranked A, B, or C.
- Priority 3 Students who previously attended the school but live outside the attendance area.
- Priority 4 All other students applying for a transfer to a school outside their attendance area/zone.

For Priority 3 & 4, I understand that if the receiving school's enrollment numbers reach the maximum capacity for safety and allocated resources, my child will have to return to his/her home school in the appropriate attendance area. \_\_\_\_ (initial)

For Priorities 2, 3 and 4 **transportation is not provided by the district.** \_\_\_\_\_ (initial)

Forms will be reviewed starting July 1, 2023. \_\_\_\_\_ (initial)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade Transferring Into: \_\_\_\_\_  
Student's Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Student's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Student's Attendance Area School: \_\_\_\_\_  
School requesting to attend: \_\_\_\_\_ Sibling(s) attend this school? YES  NO   
**REASON(S)** Parent/Guardian is applying for transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read the four (4) Priority options of Section 22-1-4 House Bill 212 outlined above and AGREE to the conditions for the transfer of my student (child):**

Parent/Guardian Name (Print): \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT SUPPORT CENTER ONLY:**

Director: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**Reason Denied:** \_\_\_\_\_

STARS Verification (initials) \_\_\_\_\_ Director of Curriculum (initials) \_\_\_\_\_

**Submit request to the STARS department or email to [studentinfo@gmcs.org](mailto:studentinfo@gmcs.org)**