

TUDENT | 0041 | 15 //

Hamtramck Public Schools

Department of Pupil Services 9324 Conant Hamtramck, Michigan 48212 (313)591-7400

In-District Transfer Request

2025-2026

It is the goal of Hamtramck Public Schools to provide the best educational environment for all its students and as many options as possible for parents. Please be advised that all student transfers depend on space, staffing and other factors, and are at the sole discretion of Hamtramck Public Schools. If transfer is approved, transportation to the requested school is the responsibility of the parent. Transfers may be temporary and students may have to return to the school in their attendance area if overcrowding or other factors influencing the educational program or student well-being make the transfer no longer feasible.

1.	STUDENT LOCAL ID #				Gender		
2.	STUDENT _						
		Last Name		First Name	DOB	Grade	
3.	ADDRESS_			Zip			
		Street	City, State	Zip	Phone #		
4.	IS THE STUD	DENT CURREN	TLY RECEIVING	S SPECIAL EDUCAT	ION SERVICES? YES_	NO	
5.	CURRENT S	CHOOL					
6.	SCHOOL REQUESTING						
7.	REASON FOR REQUESTING TRANSFER						
8.							
Parent Signature				Date	Phone Numl	Phone Number	
Do Pare	nts agree with th	e transfer?	YES I	NO			
		·	•				
Director	irector of Pupil Services			Disposition	Effecti	Effective Date	
				Date No	otified Buildings:/	_/ Initial:	