



Great Hearts Arizona 2024-25 Transfer Request Application

Transfer priority (TS) is for students who are currently attending a Great Hearts academy for the current year and would like to transfer to another Great Hearts academy.

Student/Parent Information

Student Full Name: _____ Date of Birth: _____

Current Academy Name: _____ Current Year Start Date: _____

Current Grade: _____ Transfer Grade: _____

Parent/Guardian Full Name: _____

Parent Email: _____ Parent Phone Number: _____

Transfer Steps

1. Complete an application for the Great Hearts academy you would like to transfer to in the enrollment portal.
2. Email or deliver the completed Transfer Request Application to the Office Manager of the desired Great Hearts academy.

Transfer Policies and Guidelines

Students eligible for transfers are required to start attending their current academy at or before the beginning of the second semester of the current school year and must successfully complete the school year at that academy to be eligible to transfer to the desired Great Hearts academy for the next school year.

Transfer requirements:

- Must not be in the process of being expelled from their current academy.
- Students may only submit **ONE** Transfer Request Application **PER** academic school year to **ONE** academy.
- If a student is being retained at their current academy, their Transfer Request Application and any other enrollment applications will be changed to the retained grade level.
- Once the desired academy approves the transfer, the application will be marked with transfer priority status. Transfer priority status does not guarantee enrollment, but rather it places the transfer application in a prioritized position on the waitlist for the desired academy in the desired grade.
- **ALL HIGH SCHOOL INTRA-GREAT HEARTS TRANSFERS SHALL BE SUBJECT TO ARIZONA INTERSCHOLASTIC ASSOCIATION (AIA) ATHLETIC "TRANSFER" BYLAWS, AND PURSUANT THERETO MAY BE DEEMED INELIGIBLE FOR ATHLETIC ASSOCIATION.**

I certify that my answers are true and complete to the best of my knowledge. I have read and agree to the Transfer Policy and Guidelines and understand that transfers are NOT a guarantee of enrollment. I understand that false or misleading information in my application may result in the denial of this request.

Parent or Guardian Signature: _____ Date: _____

For Office Use Only	
Date Received: _____	By: _____
Book Deposit: Y/N Date: _____	Expelled: Y/N
Verified Eligibility With: _____	Verified Date: _____
Date Transfer Priority Verified in School Axis: _____	
OM/Registrar Signature: _____	