

ADMISSION OF INTRADISTRICT TRANSFER STUDENTS

Parents/Guardians:

Please read these instructions thoroughly before proceeding with completing the application.

1. Requests for an ***Intradistrict Transfer*** must be submitted on the application form obtained in any elementary school office and submitted by hand delivery or US mail to the office of the Executive Director of School & Community Relations. That office is located at the Administration Center, 475 Northfield Rd., Bedford, OH 44146 or the application can be emailed to pphillips@bedfordschools.org.
2. Requests for a fall transfer should be submitted in the spring of the previous school year. Other requests made during the year will be reviewed in a timely manner.
3. The Executive Director of School & Community Relations will review each transfer request and make a decision based on the following criteria:
 - a. Extenuating circumstances confronting a family;
 - b. Student enrollment by grade level and building;
 - c. Class size range comparisons between the two primary or two intermediate schools;
 - d. Educational programs, services, and facilities; and
 - e. Transportation as provided by the parents.
4. The Executive Director of School & Community Relations will notify the parents and principals in writing regarding their decision.

All forms must be completed and signed by the parent/guardian.



Intradistrict Transfer Request

This request is for: The **current** school year The **upcoming** school year

Student(s) Name(s): 1. _____ Grade: ____ | 2. _____ Grade: ____
3. _____ Grade: ____ | 4. _____ Grade: ____

Special services (*please check only if applicable*): IEP Gifted 504 Plan

Assigned School: _____ Requested School: _____

Parent/Guardian Name: _____

Email address (required): _____

Current Address: _____ Apt/Unit: _____ City: _____

Telephone: _____ (Home) _____ (Work) _____ (Cell)

Reason for Transfer Request: _____

Please Note: *Transportation for transferred student(s) shall be the responsibility of the parent unless otherwise determined by the Executive Director of School & Community Relations.*

I understand and accept

Parent/Guardian Signature

Date

Return the completed form to the [Executive Director of Student and Community Relations](#) | 475 Northfield Rd | Bedford, OH | 44146

For Office Use Only

Approved

Denied

Executive Director or Designee Signature

Date

Intradistrict Transfer Transportation Agreement

I, _____ assume responsibility for transportation for my child/children listed below:

Name: _____ Gr. _____ Name: _____ Gr. _____

Name: _____ Gr. _____ Name: _____ Gr. _____

based on the Bedford City School District's criteria for student transfers.

Since I am assuming the responsibility of transporting my students to and from school, I understand that excessive tardiness, absences, and/or not picking my child up from school on time could result in the district revoking the transfer.

I understand and accept

Parent/Guardian: _____ Date: _____