INTRADISTRICT TRANSFER APPLICATION
Elementary and Middle School

Student ID:_____

Date of Application: _____ School Year: _____

Student Name: _____
(Last) (First) (Middle)

Parent/Guardian Name: _____ Phone No: _____

Address of Parent/Guardian: _____

Home School:_____Grade Level_____

Current School:_____Grade Level_____

Requested School: _____Grade Level_____

Is the student currently in a special education program? _____Yes _____No

Does the student participate in athletics? _____Yes _____No

(Athletic eligibility may only be transferred one time.)

The deadline to submit your application is July 1. Parents of elementary and middle school students will be notified of their application status prior to the first day of school. Approved applications for elementary and middle school students will be for the duration of the student's eligibility to attend the school.

In the space provided below, please give a statement of the reason you wish to enroll your child in a different school:

_____

_____

_____

Transportation becomes the responsibility of the parent.

Parent/Guardian Signature: _____

Return this form to: Current school of attendance

Office Use Only:_____Accepted _____Rejected

Reason for Rejection: _____

Date of Parent Notification: _____ Signature of Official: _____

Revised 01/28/2025