2027-2028

Student must continuattending their current assigned school until approval

REYNOLDSBURG CITY SCHOOLS
REQUEST: RETURN TO HOME SCHOOL
Grades Kindergarten – 12th

You can submit your request in person, by fax at (614) 501-1049, or by email at welcomecenter@reyn.org

Student's Name: _____ **Grade:** _____

Address: _____ **Student ID:** _____

Parent's Name: _____ **Primary Phone Number:** _____

CURRENT
Intra-District Choice:

- ☐ French Run Elementary
- ☐ Herbert Mills Elementary
- ☐ Rose Hill Elementary
- ☐ Slate Ridge Elementary
- ☐ Summit Road Elementary
- ☐ Taylor Road Elementary
- ☐ Waggoner Road Elementary
- ☐ STEM @ Baldwin Road
- ☐ Waggoner Road Junior
- ☐ RHS: Livingston Campus
- ☐ RHS: Summit Campus

HOME SCHOOL
Building of Residency
(to which student will return)

- ☐ French Run Elementary
- ☐ Herbert Mills Elementary
- ☐ Rose Hill Elementary
- ☐ Slate Ridge Elementary
- ☐ Summit Road Elementary
- ☐ Taylor Road Elementary
- ☐ Waggoner Road Elementary
- ☐ STEM @ Baldwin Road
- ☐ Waggoner Road Junior
- ☐ RHS: Livingston Campus
- ☐ RHS: Summit Campus

Does the student receive services under an IEP? ☐ Yes ☐ No

Reason for Transfer Request: _____

_____

_____

_____

Please be aware that building transfers during the school year are not guaranteed.
Completing this request form does not imply that your child will be transferred. Each request is reviewed by the administration.
The student must continue attending their current school until approval is granted.

X _____ _____

Parent/Guardian Signature **Date**

IF APPROVED, an appropriate start date will be decided at the building level and the school will contact the parent directly with the next steps.

OFFICE USE ONLY	
Form Received by:	Received Time Stamp