



IN DISTRICT SCHOOL TRANSFER REQUEST

I request permission for my child to attend school in an attendance area other than his/her assigned school. I understand that it is my responsibility to provide transportation and to ensure prompt and regular attendance. If this transfer is granted, your child will remain in the approved building without reapplying year to year. If you wish to return to the school in your attendance area you must reapply. Granting a transfer to one child does not guarantee that other children in the same family will be approved a transfer. Applications will be accepted between January 15 and August 15 for a transfer intended to be effective for the upcoming school year. If the August 15 deadline is not met, applications will be accepted until January 12 for the second semester of the current school year.

School Year _____

(Please Print)

NAME OF CHILD _____

Grade _____

If the child has an IEP please check

If the child has a 504 please check

Assigned School _____

School Requested _____

(Please Print)

Parent/Guardian _____

Address _____

Telephone _____

Parent/Guardian Signature _____

OFFICE USE ONLY

Date Received _____

Approved _____

Denied _____

Submit to:
Superintendent's Office
Administrative Service Center
621 Mount Vernon Rd
Newark, OH 43055

Copy of submitted form to parent