WILLOUGHBY-EASTLAKE INTRADISTRICT TRANSFER APPLICATION HIGH 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 edu Does the student participate in athletic	YesNo No		
another high school. Such transfers are e not apply and the student transfers after the start of school by playing in a contest (for one year from the date of enrollment). The deadline to submit your applica application status by the end of July their high school career.	digible only after approval by the fifth day of the student's ninth scrimmage, preview or regular set in the school to which the student in the school to which the student is June 1. Parents of head of the school applications for	high school students will be notified of their high school students will be for the duration of	
In the space provided below, please given	ve a statement of the reason yo	ou wish to enroll in a different school:	
Transportati	ion becomes the responsibili	ty of the parent	
Parent/Guardian Signature:			
Return this form to: Student's cur	rent school of attendance		
Office Use Only: Accepted	Rejected		
Reason for Rejection:			
Data of Parant Notification	Signature of Official:		