

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 June 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 one school year and must be resubmitted and approved on an annual basis.**

In the space provided below, please give a statement of the reason you wish to enroll 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: \_\_\_\_\_