



2018-2019 INTRADISTRICT TRANSFER APPLICATION

Name of Student _____ Grade(2018-19) _____

Name of Student _____ Grade(2018-19) _____

Name of Student _____ Grade(2018-19) _____

Name of parent(s)/guardian(s) _____

Address _____ City _____ Zip Code _____

Phone _____ (Home) _____ (Work) _____ (Cell) _____

E-mail address _____

Name of school of **residence** _____

Name of school **requesting** to attend _____

Reason for application:

- Babysitter lives in requested elementary building district
- Moved but want to stay in requested elementary building district (new proof of residency required)

Old address _____ New address _____

Staff

Other _____

NOTE: Parents requesting to have their child attend an alternative elementary school in the District for the next school year should submit an application for this placement between **April 1 and April 30** of each calendar year to the Superintendent at 1000 Edgewood Drive, Marysville, OH 43030. An exception to the timeline is when new/changed residence occurs.

NOTE: Parents of an intradistrict transfer student are responsible for providing transportation to/from school.

(FOR OFFICE USE ONLY) Date Received _____ Time Received _____

Approved _____ Denied _____ Reason _____

School of residence principal signature: _____

School requested to attend principal signature: _____