



# TALAWANDA CITY SCHOOL DISTRICT

## INTRA-DISTRICT TRANSFER REQUEST

21/22  
SY

☐

Renewal

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New Request

Building Requested:

Student's Name: \_\_\_\_\_ 21/22 Grade: \_\_\_\_\_

Resident Building (per home address): Bogan Kramer Marshall

Date of birth: \_\_\_\_\_ If Kindergarten, indicate preference: ☐ Full Day ☐ Half Day

Custodial Parent: \_\_\_\_\_ Ph. (Home): \_\_\_\_\_

Street Address: \_\_\_\_\_ (Cell/Work): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

List this student's siblings (in grades K-5):

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

A. Reason for this request: \_\_\_\_\_

\_\_\_\_\_

B. Is this child currently receiving special education services in the district? ☐ Yes ☐ No

If yes, please list program and building: \_\_\_\_\_

### Terms and Conditions

1. Permit is valid only for the school year granted.
2. **Transportation is not provided.**
3. Approval is subject to space availability.
4. I understand the application form must be returned to the Board of Education no later than **June 4, 2021.**
5. Applications will be acted upon no later than August 1, 2021 and parents/guardians will be notified of approval/non-approval by mail.
6. I have read the district's guidelines on Intra-District Enrollment and agree to abide by the policies.

**Completed applications can be submitted this year to the TCSD Board of Education office starting April 1, 2021 via email ([turnerk@talawanda.org](mailto:turnerk@talawanda.org)), regular mail or in person at 8:00 a.m.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Custodial Parent)

### FOR OFFICE USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Approved

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Rejected due to: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_