**INTERDISTRICT ENROLLMENT APPLICATION**

For Transfer To

**FINDLAY CITY SCHOOLS**

Student’s Name ___________________________ Date of Birth __________________

Parent’s/Guardian’s Name ___________________________

Address __________________________________________ Phone __________________

School year request applies to ___________________ Student’s Grade Level for next school year ____________

School Preference

1st Choice: __________________________________________

2nd Choice: __________________________________________

3rd Choice: __________________________________________

Are other children from the same family applying for transfer? □ Y □ N (a form needs completed for each child)

Other Children: 

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<thead>
<tr>
<th>Names</th>
<th>Grades</th>
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District of Residence __________________________ Building Address __________________

Does this child need any special services? □ Y □ N

What services?

Does this student have an Individualized Educational Plan? □ Y □ N

Reason for Transfer – We are conducting a survey to better serve our students. This will no way affect your application to transfer in/out of the district. Please check only one.

- □ Parent works in area
- □ Parent attended school
- □ Educational opportunities, i.e. honor classes
- □ Extracurricular, i.e., music, drama, sports

How did you hear about Findlay City Schools? Please check all that apply.

- □ Billboard, radio, newspaper (circle one)
- □ Referred by a friend
- □ Invitation by mail
- □ Other __________________________

Parent’s/Guardian’s signature approving release of this student’s school records to the Findlay City Schools.

(Signature) __________________________ (Date) __________________________

**APPLICATION SHOULD BE SUBMITTED AFTER JANUARY 1ST OF EACH YEAR FOR GRADES 9-12**

**AND AFTER APRIL 1ST OF EACH YEAR FOR GRADES K-8**

**FOR OFFICE USE ONLY**

Application received by: __________________________ Date: ____________ Time: ______

□ Approved by: __________________________ Date: ____________

□ Denied by: __________________________ Date: ____________

Reasons for Denial: __________________________

Revised 3/27/12
Reviewed 1/8/13
Reviewed 6/18/2012
Reviewed 2/11/14
Revised 3/8/2019