

**INTRADISTRICT ENROLLMENT APPLICATION**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home School Assignment: \_\_\_\_\_

Grade Level of Student for Upcoming School Year: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Work

Building(s) Requested (Priority Order): \_\_\_\_\_

Does this child need any special services? Y N What services? \_\_\_\_\_

Does this student have an Individualized Educational Plan? Y N

Reason for Transfer: \_\_\_\_\_

**APPLICATION SHOULD BE SUBMITTED AS SOON AS POSSIBLE AFTER APRIL 1 OF EACH YEAR**

I understand that voluntary transfer requests are approved on the basis of classroom enrollment in the receiving school. I also understand that I must reapply each year if I wish to continue my child's voluntary transfer and that I am responsible for providing transportation. Further, I am aware that the date of this application will be used to determine the "first come, first served" status of my request.

Parent Signature(s): \_\_\_\_\_

School year request applies to: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Rejected: \_\_\_\_\_

Date Notification Sent to Parents: \_\_\_\_\_

- Revised 10/26/98
- Revised 3/22/04
- Reviewed 6/13/05
- Reviewed 9/13/2010
- Revised 2/28/2012
- Reviewed 6/18/2012
- Revised 3/8/2019