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| Board of Education Form |  9.03f |
| Findlay City School District |
| **INTRADISTRICT ENROLLMENT APPLICATION** |
|  |
|  |  |  |  |  |  |  |  |  |
| Student’s Name |       | Date of Birth |       |
| Home School Assignment |       |
| Grade Level of Student for Upcoming School Year |       |
| Parent’s/Guardian’s Name(s) |       |
| Address |       | Phone |       |
| School year request applies to |       | Student’s Grade Level for next school year |       |
| Building(s) Requested (Priority Order) | 1st Choice:       |
|  | 2nd Choice:       |
|  | 3rd Choice:       |
| 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’s/Guardian’s signature(s) |
|  |  |       |
| (Signature) |  |  |  |  |  | (Date) |  |  |
|  |
| **FOR OFFICE USE ONLY** |
| Application received by: |  | Date: |  |  |  |
|  [ ]  Approved by:  |  | Date: |  |  |  |  |
|  [ ]  Denied by: |  | Date: |  |  |  |  |
| Date Notification Sent to Parents |  |
|  |  |  |  |  |  |  |  |  |
| Revised 3/27/12Reviewed 6/18/2012 | Reviewed 1/8/13Reviewed 2/11/14 |  | Revised 3/8/2019 |  |  |  |  |