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