



NEW REQUEST

Rev. 3/2018

3040 Kemp Road, Beavercreek, OH 45431 • www.beavercreek.k12.oh.us • Phone: (937) 426-1522 • Fax: (937) 429-7517

REQUEST FOR INTRA-DISTRICT TRANSFER OF SCHOOLS

PARENT/GUARDIAN NAME:	
ADDRESS:	
PRIMARY PHONE #:	

I hereby request the following student(s) to be transferred

STUDENT NAME	Grade	FROM Building	TO Building

➤ *Date requested for transfer to occur:* _____

Reason for this request

DAYCARE/BABYSITTER

Name & address of daycare/babysitter: _____

MOVING New Address: _____ Date of occupancy: _____

****Note:** Change of address form and new proof of residency must be submitted.

OTHER

Explain in detail the reason for this request: _____

PARENT SIGNATURE: _____ DATE: _____

While we try to honor your request, the Beavercreek City School District is limited in the number of intra-district transfer requests it can approve. Students with discipline, attendance or academic problems may be rejected for intra-district transfer. Students may not enter school until this form is approved. Transfers are for one school year only. Transportation is the parent(s) responsibility.

Signatures of:

Yes No

Sending Principal _____ Recommendation _____

Receiving Principal _____ Recommendation _____

Superintendent/Designee _____ Recommendation _____

Date Approved/Denied _____ State reason if denied _____