## SCHOOLCRAFT COMMUNITY SCHOOLS (SCS)

## **RESIDENT TRANSFER APPLICATION**

## 2023-24 School Year

☐ Inside of Kalamazoo County			
One Application Per Student must be completed by the student's legal parent/guardian and submitted to the SCS			
Superintendent's Office, attention Kendra Drewyor, Finance Director at 551 East Lyons St., Schoolcraft MI 49087.			
Students must reapply annually, if interested in continuing at requested school.			
(NOTE: Those eligible for 105C & P			
Section I			
Student			Current
Name	DO	R	Grade
Ivaine			Grade
Address	Cit	,	Zip
Parent/	Cit	,	Σίβ
Guardian	Pho	one #	
Did you recently move, No	1110	one #	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maya Data	ail	
	Move Date: Em	dii	
Current School District			
student is attending			
School District you are wishing to			
transfer to			
Section II		<u> </u>	<u> </u>
Please describe a detailed and compelling reason for your transfer request and attach relevant documentation.			
Check box if request qualifies under PA227 (parent is employed by district)			
Parent/Guardian Signature			
By signing below I understand the incomplete, inaccurate or false information I have provided may invalidate this transfer. If			
approved I acknowledge that trans			
acknowledge that this transfer is not for athletic purposes.			
Parent/Guardian Signature:			Date:
Saharalawaft Office Has ONLY			
Schoolcraft Office Use ONLY:  District Decision: Re	ason:	Authorized Signature:	Date:
District Decision.	Alternative Education	Authorized Signature.	Date.
Approved Denied	Due to verified pending move		
	Complete school year with previous scho	pol if	
	after count date or during senior year		
	Case by case basis/special circumstances other:	;	
	other.		
Receiving School District Superintendent			
Please mark your selection below, sign, date, and return this form at your earliest opportunity to Kendra Drewyor,			
fax 269-488-7391 or drewyork@schoolcraftcs.org.			
For the 2023-2024 school year, acceptance for the above named student(s) to attend the Receiving School District is hereby:			
Receiving District Decision:	Authorized Signature:	וופ הפנפועוו	Date:
Approved Denied	- Lationized orginature.		