

2020-2021 SCHOOL OF CHOICE INTRA-DISTRICT TRANSFER APPLICATION

Permission to attend a school other than the school of residence must be on written request of the parent or guardian (and must be considered prior to the student's enrollment). A request must also be made when a student moves out of a school's attendance area but wishes to remain in the school in which he/she is enrolled. **We will contact you by phone/mail once we approve your request.**

****PLEASE PRINT****

PARENT/GUARDIAN: _____] HOME PHONE: _____
 STREET ADDRESS: _____] CELL PHONE: _____
 CITY, STATE, ZIP: _____] DAY TELEPHONE: _____

<u>STUDENT(S)</u>	<u>DATE OF BIRTH</u>	<u>2020-2021 GRADE</u>	<u>LAST SCHOOL ATTENDED</u>	<u>SCHOOL OF RESIDENCE for 2020-2021</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OCESD Student ID# _____

Are any of the above students enrolled in: Resource Specialist Program Yes [] SH Yes [] ASD Yes []
 Special Day Class Yes [] Speech Yes [] NONE []

If "Yes" indicate student's name: _____

Please indicate your school of choice:

- [] CENTRAL Middle [] OPHIR [] STANFORD AVENUE
 [] ISHI Middle [] OAKDALE HEIGHTS [] WYANDOTTE ACADEMY

Reason for request:

- [] Continue - moved out of residence school area
 [] Continue – Program changed as determined by OCESD
 [] Sibling(s) of student already in attendance – Name/grade of sibling(s): _____
 [] Other _____
 ___ Medical ___ Transportation ___ Child care ___ Return to school within residence boundary area

Should this request be granted, I agree to furnish any transportation needed for my child to and from school. I further understand that this permission, if granted, may be revoked at any time for reasons deemed sufficient by school authorities. **I understand that once my child's application has been approved, return to the school within the residence boundary will be possible only after a new Intra-District Transfer Application is made and space availability is determined, and district approval has been granted.**

I agree to the above conditions:

Parent/Guardian Signature: _____ Date: _____

FOR DISTRICT USE ONLY :	Approved []	Disapproved []
Date: _____	Signed: _____	
Comments: _____		