

AMANDA-CLEARCREEK LOCAL SCHOOLS
INTER-DISTRICT TRANSFER APPLICATION
2017-2018 School Year

Student Name _____ Birthdate _____

Soc. Sec. Number _____ Grade for 2017-2018 _____

Home Address _____

City _____ Ohio Zip _____

Email address (important) _____

In what school district do you currently reside? _____

Is this student now in a special education program? _____ Yes _____ No

If yes, what program? _____

Current IEP attached? _____ Yes _____ No

Parent(s) Names _____

Parent Address (if different from student address) _____

City _____ Ohio Zip _____

Home Phone No. _____ Work Phone No. _____

I (we) hereby request that the student listed above be considered for transfer to the Amanda-Clearcreek Local School District for the 2017-2018 school year. Open enrollment period is from March 1st through April 10th. I have attached all documents as requested below.**

_____	_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

****NOTE:** Inter-district transfer students must attach a complete individual immunization record, a recent official transcript or record of achievement, a current IEP if handicapped, and a record of any suspensions or expulsions from the previous school term, or letter from current school that no such suspension/expulsion record exists; and proof of residence. Without these attached, the application will not be dated-in and will not be considered.

The above documents will not be required if your child is a returning open-enrolled applicant. All NEW applications must be submitted complete with all attachments requested.

TRANSPORTATION: Transportation shall be solely the responsibility of the parent of a transferred student except that the student may avail himself/herself of existing routes and pick-up points providing that adequate space is available on those routes. Transportation to and from such pick-up points is the responsibility of the parent unless the student is receiving transportation in accordance with his/her plan for special education.

FALSIFICATION OF INFORMATION WILL RESULT IN THE REJECTION OR TERMINATION OF THE TRANSFER REQUEST.

FOR OFFICIAL USE ONLY:

Date **completed** form received _____

Action taken: _____ Approved _____ Disapproved _____ Date of action _____

Reason(s) Disapproved _____
(attach copy of letter to student/parents to application)

Superintendent's signature _____ Date _____

Parent/Student notified _____ Adjacent superintendent notified _____ Building principal notified _____ Date _____

Parent acceptance _____ Rejection _____ Date letter received _____
(attach parent letter to this application)