

AMANDA-CLEARCREEK LOCAL SCHOOLS
INTER-DISTRICT TRANSFER APPLICATION
2018-2019 School Year

Student Name Birthdate

Soc. Sec. Number Grade for 2018-2019

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 2018-2019 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)