CLAYMONT CITY SCHOOLS

201 N. THIRD STREET - DENNISON, OH 44621 - (740) 922-5478

INTRA-DISTRICT OPEN ENROLLMENT - TRANSFER REQUEST

The transfer of a student in the Claymont City School District out of his area of attendance shall be in accordance with the district's intra-district open enrollment policy and regulations. The intra-district open enrollment regulations are attached for your information. Please complete this form and return it to the attention of the Principal of the building you desire your child to attend before April 1st. A decision will be reached on this application by June 19.

STUDENT REQUEST FOR BUILDING TRANSFER

1. Parent /Guardian:_____ Date:_____

   Address: _____ City/State/Zip:_____

2. Child's name for which transfer is being requested:_____

3. Child's social security number:_____

   (Check One) ☐ Am. Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Multi-racial ☐ White

4. Special education request: ☐ MH ☐ DH ☐ LD ☐ LD Tutoring Other_____

5. Brothers or sisters of child requesting transfer, also list buildings they attend:

   _____

   _____

   _____

6. Student currently attends what building _____

7. Grade next year:_____ Building you wish to transfer to:_____

8. Have you contacted the building principal where you child currently attends? ☐ YES ☐ NO

9. Have you had a conference with the principal or teacher concerning the reason for your child being transferred? ☐ YES ☐ NO

10. If the transfer request is granted, can you provide your own transportation? ☐ YES ☐ NO

11. As briefly and as fully as possible, please state your reason for requesting that your child be transferred. _____

_____

_____

Parent/Guardian signature: _____ Date:_____

Please return to the Central Office no later than 4:00pm March 31st.

FOR OFFICE USE ONLY

Date received:_____ Time received:_____ By:_____

Parent's Signature to document time:_____

Circle One: **APPROVED** **REJECTED**

Reason(s):_____

_____

Signature of Superintendent:_____ Date: _____