

APPLICATION FOR ELEMENTARY IN-DISTRICT TRANSFER

(2010-2011 School Year)

Student's Legal Name: _____

Address: _____ Home Phone: _____

Number/Street

City

State

Zip

Parent/Guardian Name: _____ Daytime Phone: _____

Designated Chippewa Valley School: _____ Current Grade: _____

REQUESTED SCHOOL PLACEMENT: _____ 2010/11 Grade: _____

Is there a sibling currently on In-District Transfer at requested school? Yes _____ No _____

If so, student(s) name: _____

Is this student currently receiving special education services?* Yes _____ No _____

***Program must be offered at requested school**

I recognize that the following conditions apply regarding In-District Transfer:

1. Approval of this request is contingent upon available space at the requested school.
2. Parents/Guardians are responsible for providing transportation for students exercising the In-District Transfer option. Chippewa Valley Schools **will not provide transportation.**
3. My student will arrive at school on time and will leave the school grounds promptly at the end of the school day.
4. If accepted, the student is committed to the In-District Transfer school for the **entire school year.**
5. Based upon building enrollments, a new In-District Transfer form may need to be completed when a child moves to a new level. Not every year (i.e. moving from elementary to middle school, or middle to high school).

My signature indicates that I have read the In-District Transfer conditions and understand and agree to these conditions.

Signature of Parent/Guardian

Date

Submit In-District Transfer Applications on or before Monday, April 12, 2010

Chippewa Valley Schools Administration Building

Educational Services Department

19120 Cass Avenue

Clinton Twp., MI 48038

Monday - Friday 8:00am - 4:00pm ph: 586/723-2020 - Fax: 586/723-2021

PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

For Office Use Only

Student Number _____

Home School _____