



3040 Kemp Road, Beavercreek, OH 45431 • www.beavercreek.k12.oh.us • Phone: (937) 426-1522 • Fax: (937) 429-7517

FOR OFFICE USE ONLY: Date Received: _____ School Year: _____
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REQUEST FOR INTRA-DISTRICT TRANSFER OF SCHOOLS

PARENT NAME:			
HOME ADDRESS:		ZIP	
HOME PHONE:		WORK PHONE:	

I hereby request the following student(s) to be transferred (*choose one school from each box below*):

FROM	<input type="checkbox"/> Ankeney Middle School <input type="checkbox"/> Coy Middle School <input type="checkbox"/> Fairbrook Elementary School <input type="checkbox"/> Main Elementary School <input type="checkbox"/> Parkwood Elementary School <input type="checkbox"/> Shaw Elementary School <input type="checkbox"/> Trebein Elementary School <input type="checkbox"/> Valley Elementary School	TO	<input type="checkbox"/> Ankeney Middle School <input type="checkbox"/> Coy Middle School <input type="checkbox"/> Fairbrook Elementary School <input type="checkbox"/> Main Elementary School <input type="checkbox"/> Parkwood Elementary School <input type="checkbox"/> Shaw Elementary School <input type="checkbox"/> Trebein Elementary School <input type="checkbox"/> Valley Elementary School
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Date requested for transfer to occur (mm/dd/yyyy):

FULL NAME(S) OF CHILD(REN):

<input type="text"/>	AGE	<input type="text"/>	GRADE	<input type="text"/>
<input type="text"/>	AGE	<input type="text"/>	GRADE	<input type="text"/>

State reason for requesting transfer:

Name and address if babysitter or Day Care (if applicable):

PARENT SIGNATURE: _____ DATE: _____

While we try to honor your request, the Beavercreek City School District is very limited in the number of intra-district transfers of students it can approve. Students with discipline, attendance or academic problems may be rejected for intra-district transfer.

Students may not enter school until form is approved. Transfers are for one school year only. Transportation is the parent(s) responsibility. If room allows, the student may be picked up and dropped off at a regular school bus stop that would normally provide bus service to the school your child wishes to attend.

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<u>Signatures of:</u>	<u>Yes</u>	<u>No</u>
Sending Principal _____	Recommendation	_____
Receiving Principal _____	Recommendation	_____
Pupil Services Administrative Assistant _____	Recommendation	_____
Superintendent/Designee _____	Recommendation	_____

Date Approved/Denied _____ State reason if denied _____