

**2011-2012 SCHOOL YEAR  
TALAWANDA SCHOOL DISTRICT  
INTRADISTRICT TRANSFER APPLICATION**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ **2011-2012** Grade \_\_\_\_\_

Custodial Parent's Name \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Street Address \_\_\_\_\_ (Work) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ (Cell) \_\_\_\_\_

List Names of Brothers and/or Sisters (in grades K-5) of Student Listed Above:

Name \_\_\_\_\_ Grade \_\_\_ Age \_\_\_      Name \_\_\_\_\_ Grade \_\_\_ Age \_\_\_

Name \_\_\_\_\_ Grade \_\_\_ Age \_\_\_      Name \_\_\_\_\_ Grade \_\_\_ Age \_\_\_

A. School in child's attendance area \_\_\_\_\_

B. School requested for the **2011-2012** school year \_\_\_\_\_

C. Reason for this request \_\_\_\_\_

D. I have read and understand each of the following conditions:

1. I understand the transportation requirement involved with this program.      Yes \_\_\_ No \_\_\_
2. I understand the approval of my request will be for one school year only.      Yes \_\_\_ No \_\_\_
3. I understand my child will remain at the school of choice the entire year.      Yes \_\_\_ No \_\_\_
4. I understand the application form must be returned to the Board of Education office no later than **May 6, 2011**.      Yes \_\_\_ No \_\_\_
5. I have read the district's guidelines on Intradistrict Enrollment and agree to abide by the policies.      Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(custodial parent)

E. Is this child currently receiving special education services in the district?      Yes \_\_\_ No \_\_\_  
If yes, what program? \_\_\_\_\_ What building? \_\_\_\_\_

F. Notification of acceptance or rejection of request:

1. You will be notified by **August 12, 2011** of the decision on this request.

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**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_

