

KEYSTONE LOCAL SCHOOL DISTRICT
INTER-DISTRICT TRANSFER REQUEST
2018-2019 School Year

Student Name _____ **Returning Student** Yes No

Birthdate _____ Current Grade (17-18) _____ Grade Next Year _____

Resident Address _____

City _____, OHIO Zip _____ Home Phone: _____

Current District of Residence _____

In what district/building is this student currently enrolled? _____

Is this student now in a special education program? Yes No

If yes, what program? _____ Current IEP is attached? Yes No

Has student been suspended or expelled during the present and/or previous school term? Yes No

If yes, attach copies of suspension/expulsion record(s).

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Home/Cell number: _____ Home/Cell Number: _____

Email: _____ Email: _____

Names of siblings: _____

Is there a custodial agreement in place for this child? Yes No **If yes, please attach.**

I (we) hereby request that the student listed above be considered for transfer to the KHS KMS KES (building) of the Keystone Local School District for the **2018-19** school year.

Parent/Guardian Signature Date Parent/Guardian Signature Date

NOTE: Inter-District transfer students must attach a recent official transcript or record of achievement, and record of any suspensions or expulsions from the present and previous school term. Students receiving special education services must provide a copy of their current IEP. **Application will NOT be dated-in and will not be considered without these documents attached.**

TRANSPORTATION: Transportation shall be solely the responsibility of the parent of a transferred student except that the student may avail himself/herself to existing routes and pick-up points providing that adequate space is available on these routes. Transportation to and from such pick-up points is the responsibility of the parents 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/Time Completed Form Received _____
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – Reason(s) Disapproved _____
Approved by: _____
Parent Response: <input type="checkbox"/> Acceptance <input type="checkbox"/> Rejection Date Received _____ (attach parent letter to application)

