



School-To-School Transfer Form

20\_\_ – 20\_\_ School Year

Part I: STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Current School: \_\_\_\_\_ Student ID# \_\_\_\_\_

Male  Female  Does the student have an IEP? Yes  No

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Part I: TRANSFER INFORMATION

Transfer School: \_\_\_\_\_

Does the student require transportation if available? Yes  No

Are there other siblings that attend this school? Yes  No

Please list the following:

Sibling's Name	Grade

Reason for Transfer: \_\_\_\_\_

Questions Related to Health Services at the Time of a Transfer Request:

- Does your child have a health/medical condition?  Yes  No  
If yes, Specify \_\_\_\_\_
- Will your child need to receive injections at school?  Yes  No  
If yes, Specify \_\_\_\_\_
- Will your child need a nurse for a specific treatment/care? (such as g-tube feeding, catheterization)  Yes  No  
If Yes, Specify \_\_\_\_\_
- Does your child have a life-threatening food allergy?  Yes  No  
If yes, Specify \_\_\_\_\_

Please note that student transfers are NOT guaranteed and ONLY issued if there is space availability at the desired school. Student(s) MUST continue to attend the current school until you are notified that the transfer has been approved. If the student(s) does NOT continue to attend the correct school, you may be referred to Student Services for Truancy. If you withdraw your child from the current school your Student Transfer form will be void and you may be referred to Student Services. If the transfer is approved, you will be notified by phone/mail and will be given the start date and time and uniform policy for your child's new school assignment. School Transfer may affect the student's eligibility to participate in sports. Athletic eligibility is to be determined by the Director of Athletics in conformity with regulations of the Ohio High School Athletic Association and Dayton City Schools.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Student ID: \_\_\_\_\_ School \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied if denied, reason: \_\_\_\_\_

Date Parent/Guardian Contacted: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_