



Intra-District Transfer Application

Student's Name _____ Date _____

Parent's Name _____ School Year Requested _____

Address _____

School Attendance Area of Residence _____

School Last Attended _____

Grade Last Year _____ School Being Requested _____

Entering Grade _____ Teacher Past Year _____
(Elementary Only)

Application is due by **March 1st** and it is understood that action will be taken on this request by May 15th as stated in Board of Education rules and regulations 8-20. Students should be aware that once they are enrolled at Anderson or Turpin they may lose their athletic eligibility if they transfer to the other high school.

Please list the reason(s) you are requesting this transfer:

(Use back of form if needed)

(circle one)
Has this student been in a special education program? Yes No
If yes, does he/she have a current IEP/504? Yes No

Office Use Only

Parent's Signature _____

Phone (H) _____

Phone (W) _____

Phone (Cell) _____