

Student's Name: \_

Parent's/Guardian's Name(s): \_

## **2023-24** FOREST HILLS SCHOOL DISTRICT INTRA-DISTRICT TRANSFER APPLICATION

FOR GRADES K - 12

Last Name

**Current Grade** 

## Instructions for Parents/Guardians:

- Please complete one application per child.
- Complete and submit this form between January 1 January 31, 2023(inclusive) for high school (grades 9 12) requests or between April 1 May 31, 2023 (inclusive) for elementary (grades K 6) requests.

Middle Name

- Completed applications may be either: (1) mailed to the Forest Hills School District Human Resources Office, 7946 Beechmont Avenue, Cincinnati, 45255, or (2) faxed to (513) 231- 3605 or (3) emailed to <a href="maileotrage">transfers@foresthills.edu</a>, no earlier than the initial due date. <a href="maileotrage">Walk-ins will not be accepted on the first day of the application period</a>.
- > Applications submitted after the deadlines listed above will be considered as space allows.
- > Refer to Forest Hills Board Policy and Administrative Guidelines 5113.01 for additional information.

Dayt	ime Telephone #:	E	mail address:			
Scho	ool Year/Date requested for	r transfer:		Grade for 2023,	'24 school yea	r:
From	eby request the student nanose one school per appropria: School of Residence  Ayer Elementary  Maddux Elementary  Mercer Elementary  Sherwood Elementary  Summit Elementary  Wilson Elementary  a: School of Residence  Anderson HS  Turpin HS	To: Building  Ayer Eleme  Maddux Eleme  Mercer Ele	ntary ementary mentary Elementary mentary nentary nentary 1. 2. Pl. 3.	Does the student's an (IEP) or 504?  This school year, he have you had a corcounselor concerni	een expelled or an tor immediate YES  currently have YES  ow many days h Absent?	suspended for ten (10) days o ely preceding semester? NO an Individualized Education NO has the student been: Tardy?
<u> </u>	Reason Sibling(s) concurrently	Information Needed Name/Current Grade	If you checked a reason on the left, please provide details			
	enrolled Child care	of Sibling(s): Name/Telephone/Address of Child Care Provider:				
	Staff Member's Child	Name/Building of Staff Member:				
	Other	Reason:				
respo	onsibility for my child's atte	ve read and agree to abide by the ndance, discipline, transportati	on and any other g	uideline containe	d within.	s 5113.01, including the
fice L	Jse Only: Received: Date_	Time:	US Ma	il Fax Email	Other:	By:
iority?	Approved: Y	'ES NO If denied, reason: _				
	ne/Person notified:		Telephone	US Mail Email	Other:	By:
	to:PrincipalEN	MISFile Notes:				