Olentangy Local Schools

INTRADISTRICT TRANSFER APPLICATION GRADES 6 – 12
2010 / 2011 SCHOOL YEAR

Application Date: _____

The transfer of a student in the Olentangy Local School District out of his or her attendance area shall be in accordance with district policy. A decision will be reached on this application by the first full week of school. In accordance with board policy, parents of students participating in the Intradistrict Enrollment program are responsible for their child's transportation to and from school. Parents Initials _____ – By initialing here, I agree to provide transportation for my student should this intra district Transfer be granted.

*** Please note** – Students entering grades 9 – 12: Applying for and receiving an Intra-district transfer may negatively impact their athletic eligibility. Students and parents are responsible for verifying the regulations of the Ohio High School Athletic Association regarding intra district transfers. (Specifically Bylaw 4-7-6 and 4-7-7) Parent's Initials _____ - By initialing here, I verify that I am aware of the impact of an intra district transfer on my student's eligibility.

The approval of this application is valid for one school year in grades 6 - 8. Applicants must re-apply on a yearly basis to remain on an Intra district transfer. High School transfers are valid for all subsequent years in high school. Please complete one application per child.

1. Student _____
   Last Name First Middle
2. Student's ID Number: _____ 3. Current Grade: _____ Grade as of Fall 2010: _____
4. Parent(s) or Guardian(s) Full Name(s) _____
5. Address _____
   House Number Street Subdivision, if applicable
   _____
   City State Zip Code
6. Home phone: (___) _____ Work phone: (____) _____ Cell Phone (___) _____

   Email address: _____
7. Current attendance area (Fall 10): _____
   Building Name
8. Request transfer to: _____ _____
   Building Name Effective Date
9. Reason for request: _____
10. Has the student been suspended or expelled for ten (10) days or more at any time during the current school year?
    Yes ____ No ___

Parent/Guardian Signature: _____
Signature Date

Deliver completed form to: **Director of Data Research and Accountability**
Olentangy Local School District
814 Shanahan Road, Suite #100
Lewis Center, Ohio 43035

For Office Use Only

Director of Data Research and Accountability _____ Approve _____
Date _____ Deny _____
Proof of Residency: _____
Master Street List: _____
Home Building: _____
Verified Grade: _____
Notified Parent: _____
Notification Letter Sent: _____
Email Sent: _____