



Request for Intra-District School Transfer

School Year: _____ - _____

Student's First & Last Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Resident School (from): _____ Transfer School (to): _____

Did student attend this transfer school last year? Yes _____ No _____

Elementary: For new transfer students the following elementary schools are available for 2019-2020:

(Accepting All Grades): Bridgeport, Garden City, & McClelland

(Schools Accepting Kindergarten Transfers Only): Maplewood, North Wayne, Rhoades, Robey & Stout Field

(Closed: Chapel Glen, Chapelwood & Westlake)

Parent Name(s): _____

Address: _____

City/Zip: _____

Phone: (Cell) _____

(Home) _____

(Work) _____

Child Care Provider's Name (if applicable): _____

Address: _____

City/Zip: _____

Phone: _____

Reason for Request to Transfer: _____

Parent Signature: _____ Date: _____

Return to: Cheri O'Day-Marcotte, MSD of Wayne Twp., 1220 S. High School Rd., Indianapolis, IN 46241 Fax: 243-5744

Administrator Approval _____

Date _____

Denied: _____

Date _____