



**Metropolitan School District of Wayne Township**  
**Request for Intra-District School Transfer**  
**School Year: 2023-2024**

**Student's First & Last Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_

**Resident School (from):** \_\_\_\_\_ **Transfer School (to):** \_\_\_\_\_

**Did the student(s) attend this transfer school last year?** Yes \_\_\_\_\_ No \_\_\_\_\_

**For new Intra-District Transfer Students:**  
**Please select two schools by rank ordering your preference: Priority 1 and 2.**

___ Bridgeport	___ Chapel Glen	___ Chapelwood	___ Garden City
___ Maplewood	___ McClelland	___ North Wayne	___ Rhoades
___ Robey	___ Stout Field	___ Westlake	

**Parent Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Phone:** (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

**Child Care Provider's Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Reason for Request to Transfer:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to: Lisa Carter, MSD of Wayne Twp., 1220 S. High School Rd., Indianapolis, IN 46241

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Assistant Superintendent for Elementary Education**

\_\_\_\_\_  
**Date**

☐ **Approved** ☐ **Denied**