



**Metropolitan School District of Wayne Township
Request for Intra-District School Transfer
School Year: 2024-2025**

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**