

INTERDISTRICT ENROLLMENT APPLICATION
For Transfer To
FINDLAY CITY SCHOOLS

Student's Name _____ Date of Birth _____ SSN _____

Parent's/Guardian's Name _____

Address _____ Phone _____

School year request applies to _____ Student's Grade Level for next school year _____

School Preference
1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Are other children from the same family applying for transfer? Y N (a form needs completed for each child)

Other Children:	Names	Grades
	_____	_____
	_____	_____
	_____	_____
	_____	_____

District of Residence _____ Building Address _____

Does this child need any special services? Y N

What services? _____

Does this student have an Individualized Educational Plan? Y N

Reason for Transfer – We are conducting a survey to better serve our students. This will no way affect your application to transfer in/out of the district. Please check only one.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Parent works in area | <input type="checkbox"/> Babysitter |
| <input type="checkbox"/> Parent attended school | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educational opportunities, i.e. honor classes | |
| <input type="checkbox"/> Extracurricular, i.e., music, drama, sports | |

How did you hear about Findlay City Schools? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Billboard, radio, newspaper (circle one) | <input type="checkbox"/> Invitation by mail |
| <input type="checkbox"/> Referred by a friend _____ | <input type="checkbox"/> Other _____ |

Parent's/Guardian's signature approving release of this student's school records to the Findlay City Schools.

(Signature) (Date)

APPLICATION SHOULD BE SUBMITTED AFTER JANUARY 1ST OF EACH YEAR FOR GRADES 9-12
AND AFTER APRIL 1ST OF EACH YEAR FOR GRADES K-8

FOR OFFICE USE ONLY

Application received by: _____ Date: _____ Time: _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reasons for Denial: _____