

**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  
1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> 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 1<sup>ST</sup> 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: \_\_\_\_\_