

INTRA-DISTRICT OPEN ENROLLMENT TRANSFER REQUEST

The transfer of a student in the Gallipolis City Schools out of his school of attendance shall be in accordance with the district's intra-district open enrollment policy. Regulations are attached for your information. Please complete the following form and return it **by August 1** to the attention of the principal of the building which you desire your child(ren) to attend. Complete a separate form for each child.

GALLIPOLIS CITY SCHOOL DISTRICT REQUEST FOR BUILDING TRANSFER

1. Parent/Guardian _____ Date _____ Time _____
Address _____ Telephone _____
2. Child's name for which transfer is being requested _____
3. Brothers or sisters of child requesting transfer _____

4. School child currently attends _____
5. Grade level of student for upcoming year _____
6. School to which request is being made to transfer child _____
7. Have you contacted the principal where your child currently attends? Yes No
8. Please state briefly your reasons for requesting that your child be transferred.

9. Please list any special programs or services your child needs _____

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I have read the regulations of the intra-district open enrollment plan (back of form) and agree to abide by the procedures and policies that have been established.

Signature of Parent/Guardian

Date

Applications must be submitted no later than 3:00 p.m. on August 1 to the principal of the building to which the transfer is requested.

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(For office use only)

Date received _____ Time _____

Approved Refused

Signature of Official _____

Reason(s) _____

No student shall be denied admission to the GCSD or to a particular program for reasons of race, color, national origin, sex, or handicap.

[Adoption date: February 17, 1993]

Revised: October 20, 1993
March 19, 1997
March 21, 2012
August 15, 2018