

**DELAWARE CITY SCHOOLS**

WITHIN DISTRICT TRANSFER APPLICATION

**PLEASE ATTACH PROOF OF RESIDENCY WITH YOUR REQUEST.**

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Request is for the \_\_\_\_-\_\_\_\_ school year \_\_\_\_ grade level

Name of Student \_\_\_\_\_  
Please print

Parent/Guardian/s Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip

Phone (Home) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Work) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Other) \_\_\_\_-\_\_\_\_-\_\_\_\_

**We live in this elementary school attendance area:**

- Carlisle     Conger     Schultz     Smith     Woodward

**We wish our student to attend:**

- Carlisle     Conger     Schultz     Smith     Woodward

Does the District provide any special educational programming for your child? \_\_\_\_Yes \_\_\_\_No

If yes, please specify \_\_\_\_\_

If this request is due to childcare, please provide the following information:

Childcare Provider \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Parent Signature \_\_\_\_\_

The completed form will be given to the principal of the school requested for their initial review/approval. They may consult with the current teacher and/or principal on the subject of attendance, discipline and academic level, and class size issues. They will then forward your request to the Director of Student Services for final disposition.

Please be advised, this request is valid only for the school year listed above. If your request is approved under this within District policy, Delaware City Schools is **not** responsible for **transportation** to a school located outside of your home school attendance area.

<p>Recommendation of Building Principal</p> <p>_____ Approved</p> <p>_____ Denied</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>	<p style="text-align: center;"><b>STUDENT SERVICES USE ONLY</b></p> <p>Date/Time Received _____</p> <p>_____ Approved</p> <p>_____ Approved With Conditions</p> <p>_____ Denied</p> <p>_____ The total number of available enrollments were taken by students in the school's attendance area.</p> <p>_____ The transfer of your child will negatively impact the racial balance of his/her home school or the school s/he wishes to attend.</p> <p>_____ Your child was suspended or expelled for ten (10) days or more during the semester of application or the preceding semester.</p> <p>_____</p> <p>Director of Student Services/Designee _____ Date _____</p>
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