

PICKERINGTON LOCAL SCHOOL DISTRICT

**OPEN ENROLLMENT TRANSFER REQUEST
FOR GRADES K – 6**

In accordance with the provisions of Pickerington Board of Education Policy JECBD, I/We hereby request that our student be considered for transfer to another attendance area/building within the district.

I/We have been provided a copy of the policy JECBD, have read and understand it, and agree to its provisions in making this request.

Student: _____, _____ D.O.B. ____ - ____ - ____
(Last) (First)

Neighborhood School Building: _____ This request applies to Grade _____

Desired School Building: _____ Does this student have an IEP?
Yes No

Father: _____, _____ (Work phone) _____
(Last) (First)

Mother: _____, _____ (Work phone) _____
(Last) (First)

Current Address: _____
(Street)
_____, Ohio _____
(City) (Zip) (Home Phone)

I/We request that _____ be permitted to attend _____
(Building Name)

for the ____ - ____ school year.

We are making this request because: _____

I/We understand this request, if approved, is valid only for the year requested, that it is irrevocable, and that school transportation is the parent's responsibility.

(Parent signature)

(Date)

OFFICE Date received at school: ____ - ____ - ____ Date received at W.C. ____ - ____ - ____

USE
ONLY This is a request for the CURRENT school year and has been approved by the school office.

(Principal's signature/initials) (Approved) (Denied)