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 _____
   _____

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.

(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