



Perry Township Schools

Resident In-District Application

Submission Deadlines: **Semester 1 - August 29, 2025** **Semester 2 - January 12, 2026**

Applications received after these dates will be considered for the following semester.

The intra-district application is available for families residing in the district who wish to transfer their students to a different school within Perry Township. The approval is contingent upon the guidelines listed below:

- *The parent must provide a rationale for this application in the space provided on this form.*
- *The student's guardian will provide the transportation for their student to and from the requested school.*
- *Program or classroom space must be available in the requested school without overcrowding students with legal settlements.*
- *This request is not being made primarily for athletic reasons.*
- *If in high school, the student must be on track for graduation (10 credits earned per year).*
- *The student may not be currently expelled or suspended.*
- *The principals from the current and requested schools must agree on the transfer.*
- *If a transfer is denied, the student/guardian may appeal the decision to the Assistant Superintendent.*
- *If the transfer is approved, the student/family must make a one-year commitment.*
- *Transfers may be withdrawn after the current school year or at any time the guardian does not comply with this agreement.*

Student Name: _____

Date of Birth: _____ Perry Township Student ID #: _____

Telephone #: _____ Grade for 25-26 School Year: _____

Guardian Name: _____

Address: _____

Current School (transferring from): _____

Requested School (transferring to): _____

Guardian Rationale: *Please explain your reason for wanting your student to attend another school.*

Guardian Signature

Date

OFFICE USE ONLY

- **Sending Principal** *(please fill out completely)*

_____ I approve this transfer.

_____ I do not approve this transfer. *(Please explain in the space below and contact the student's guardian.)*

Signature of Principal (Current School)

Date

- **Receiving Principal** *(please fill out completely)*

_____ I approve this transfer.

_____ I do not approve this transfer. *(Please explain in the space below and contact the student's guardian.)*

Signature of Principal (Requested School)

Date

- **Assistant Superintendent** _____ Approved _____ Denied

Signature of Assistant Superintendent

Date