



# Perry Township Schools

## Resident In-District Application

***INTRA District transfer applications will be accepted year-round for students currently attending school within Perry Township.***

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- *Transfers may be withdrawn after the current school year or at any time the guardian does not comply with this agreement.*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 26-27 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.)

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\_\_\_\_\_  
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.)

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\_\_\_\_\_  
Signature of Principal (Requested School)

\_\_\_\_\_  
Date

- **Assistant Superintendent** \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
Signature of Assistant Superintendent

\_\_\_\_\_  
Date