

KEYSTONE LOCAL SCHOOL DISTRICT  
INTER-DISTRICT TRANSFER REQUEST  
2020-2021 School Year

Student Name \_\_\_\_\_ **Returning Student**  Yes  No

Birthdate \_\_\_\_\_ Current Grade (19-20) \_\_\_\_\_ Grade Next Year \_\_\_\_\_

Resident Address \_\_\_\_\_

City \_\_\_\_\_, OHIO Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current District of Residence \_\_\_\_\_

In what district/building is this student currently enrolled? \_\_\_\_\_

Is this student now in a special education program?  Yes  No

If yes, what program? \_\_\_\_\_ Current IEP is attached.  Yes  No

Has student been suspended or expelled during the present and/or previous school term?  Yes  No

If yes, attach copies of suspension/expulsion record(s).

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home/Cell number: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Names of siblings: \_\_\_\_\_

**Is there a custodial agreement in place for this child?**  Yes  No **If yes, please attach.**

I (we) hereby request that the student listed above be considered for transfer to the  KHS  KMS  KES (building) of the Keystone Local School District for the **2020-21** school year.

\_\_\_\_\_  
Parent/Guardian Signature Date Parent/Guardian Signature Date

**NOTE:** Inter-District transfer students must attach a recent official transcript or record of achievement, and record of any suspensions or expulsions from the present and previous school term. Students receiving special education services must provide a copy of their current IEP. **Application will NOT be dated-in and will not be considered without these documents attached.**

**TRANSPORTATION:** Transportation shall be solely the responsibility of the parent of a transferred student except that the student may avail himself/herself to existing routes and pick-up points providing that adequate space is available on these routes. Transportation to and from such pick-up points is the responsibility of the parents unless the student is receiving transportation in accordance with his/her plan for special education.

**FALSIFICATION OF INFORMATION WILL RESULT IN THE REJECTION OR TERMINATION OF THE TRANSFER REQUEST.**

<b>FOR OFFICIAL USE ONLY:</b> Date/Time Completed Form Received _____
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – Reason(s) Disapproved _____
Approved by: _____
Parent Response: <input type="checkbox"/> Acceptance <input type="checkbox"/> Rejection Date Received _____ (attach parent letter to application)