

ROSEVILLE COMMUNITY SCHOOLS
STUDENT INTRA-DISTRICT SCHOOL TRANSFER APPLICATION

This is an application for a pupil to attend a Roseville school in an attendance area different from the area in which he/she has been assigned. It should be mailed by the parent to: Child Accounting Office, Roseville Community Schools, 18975 Church Street, Roseville, MI 48066.

PLEASE PRINT: Name of Pupil	Present School	Present Grade	Birth Date
Pupil Now Resides At (Address)	Phone	School Area Where Parents Now Reside	

Permission is requested for the above-name student to attend:

Name of School _____ For School Year: _____ Grade: _____

Reason:

- | | |
|---|--|
| ☐ convenience for child care | ☐ smaller classroom setting |
| ☐ moved—wish to remain at current school | ☐ dissatisfaction with current school |
| ☐ siblings already attend school | ☐ other |

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? YES ☐ NO ☐

REQUESTS MUST BE SUBMITTED TO THE CHILD ACCOUNTING OFFICE. A response will be provided to the parent or guardian within two weeks of request. Transfers are only permitted to take place at the beginning of a card marking. A transfer request will be denied if it causes an overload in the grade or program, or for student attendance and discipline issues.

I UNDERSTAND AND WILL ABIDE BY THE FOLLOWING POLICIES IF REQUEST IS GRANTED:

1. If the student is not a good citizen or develops a poor attendance record, he/she may be transferred back to the home school after the end of the school year.
2. Transportation of the student to and from school is the responsibility of the parent or guardian.
3. A request must be submitted two consecutive school years if the continuance of the transfer is desired. After approved for two years, that school will become the student's permanent school.

Signed _____ (Parent or Guardian)	Date _____
Home Address _____	Phone (H) _____ (W) _____

(THIS SPACE FOR CHILD ACCOUNTING OFFICE)

Received in the Child Accounting Office _____ Number _____

After review of the facts, the request is: ☐ Approved ☐ Denied

Comments _____

Approval granted for attendance at _____ School.

Principal Approval

Signed _____

Revised: March 2014

Child Accounting Office
(586) 445-5510