



**TALAWANDA CITY SCHOOL DISTRICT**  
**INTRA-DISTRICT TRANSFER REQUEST - 2025/2026 SY**  
**STUDENTS LIVING WITHIN THE TALAWANDA SCHOOL DISTRICT**

Renewal  New Request **Building Requested:**

Student's name: \_\_\_\_\_ 25/26 Grade: \_\_\_\_\_

Resident building (per home address):  Bogan  Kramer  Marshall

Date of birth: \_\_\_\_\_ If Kg., indicate preference:  Full Day  Half Day

Custodial parent: \_\_\_\_\_ Ph. (Home): \_\_\_\_\_

Address: \_\_\_\_\_ (Cell/Work): \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_

List student's siblings w/grade: \_\_\_\_\_

A. Reason for this request: \_\_\_\_\_

\_\_\_\_\_

B. Is this child currently receiving special education services in the district?  Yes  No

If yes, please list program and building: \_\_\_\_\_

Applications will be accepted from April 7, 2025 – June 6, 2025. Paperwork can be submitted via email ([turnerk@talawanda.org](mailto:turnerk@talawanda.org)), regular mail, or in person starting on April 7, 2025 at 8:00 a.m. If you choose to send via email, please designate in the subject line of your email -- "Intra-District Transfer Request".

**Terms and Conditions**

1. *Permit is valid only for the school year granted, application must be submitted annually.*
2. *Transportation is not provided.*
3. *Approval is subject to space availability.*
4. *Applications will be acted upon no later than August 1, 2025 and parents/guardians will be notified of approval/non-approval by mail.*
5. ***My signature acknowledges that I fully understand and agree with the terms and conditions stated above.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Custodial Parent)

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date & Time \_\_\_\_\_

Approved  Rejected due to: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_