

TALAWANDA CITY SCHOOL DISTRICT INTRA-DISTRICT TRANSFER REQUEST - 2024/2025 SY STUDENTS LIVING WITHIN THE TALAWANDA SCHOOL DISTRICT

☐ Renewal ☐ New Request	Building Reques	ted:		
Student's name:			24/25 Grade:	
Resident building (per home addres	ss): 🔲 Bogan	☐ Kramer	☐ Marshall	
Date of birth:If	Kindergarten, indicate	e preference: 🛭 F	ull Day 🔲 Half Day	
Custodial parent:		Ph. (Ph. (Home):	
Street Address:		(Cell/Work):		
City:	Zip code:	Email:		
List of 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:				
 Terms and Conditions Permit is valid only for the school Transportation is not provided. Approval is subject to space avail Applications will be acted upon rapproval/non-approval by mail. My signature acknowledges that above. 	ilability. no later than August 1, 20	024 and parents/guar	dians will be notified of	
Signature:		Date: _		
(Custod	dial Parent)			
FOR OFFICE USE ONLY:				
Received by:	Dat	e:	Time:	
☐ Approved ☐ Rejected due t	0:			

Signature of Superintendent: ______ Date: _____