

**Portage Public School Residents
ELEMENTARY AND MIDDLE SCHOOL
IN-DISTRICT TRANSFER APPLICATION
2011-2012**

Mail, deliver, or fax this form to the attention of Sarah Baker, Administration Building, 8111 S. Westnedge Ave., Portage 49002 (fax: 323-5001). You will be notified about the status of your application in writing.

Student Name _____ Grade in 2011-2012 _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Telephone: Home _____ Work _____

Cell _____ E-Mail ID _____

Student lives with _____ Is this the legal guardian? _____

In what school attendance area does the student live? _____

The student must be a resident of the Portage Public School District.

What school is the student currently attending? (if applicable) _____

What school are you requesting? _____

Does the student currently receive Special Education Services? Yes No

Does another family member attend the school you are requesting? Yes No

If Yes, name(s) and grade level(s) _____

Please describe the reason(s) you are requesting a transfer to another school building and attach any relevant documentation.

I understand that transportation will become my responsibility. _____ (Initial Here)

Parent Signature _____ Date _____

Parent Signature _____ Date _____