



2021-22 WLS INTRADISTRICT APPLICATION

Student Name: _____ Date of Birth: _____

(Please complete one form per child; please print)

Does your child receive special education services (IEP)? **YES** _____ **NO** _____

Was your child transferred to another WLS school due to class size for 2020-21? **YES** _____ **NO** _____

If yes, what was the name of the transfer school? _____

Address: _____ Zip: _____

Cell phone: _____ Home phone: _____

Parent/Guardian(s) name(s): _____

REASON YOU ARE REQUESTING THIS TRANSFER (Please check one of the following):

_____ **Moved**, wish to have child remain in same school (must also submit a change of address form and 2 proofs of residency)

_____ **Daycare/Childcare**

_____ **Sibling(s)** already attends the requested school:

Sibling(s) Name _____ Grade(s) _____

_____ **Other** Please summarize:

School Building of Enrollment Last School Year (2020-21) _____

Grade to be Enrolled This School Year (2021-22) _____

School Building of Residence (Home School) This School Year (2021-22) _____

School Building Requested for This School Year (2021-22) _____

How many children are you requesting to Transfer? **(please complete a separate form for each child)** _____

Elementary Sibling Name(s) & Grade(s) _____

Are you willing to have your children separated? Yes _____ No _____

If this building is not available, do you have a second choice? Yes _____ No _____

If yes, which building is your second choice? _____

Transportation is the responsibility of the parent.

I understand that if approved, transportation is my responsibility.

Signed _____ Date _____

Please return completed application to: Assistant Superintendent's Office
Washington Local Schools
3505 W. Lincolnshire Blvd.
Toledo, OH 43606
mcogar@wls4kids.org
Fax: 419-473-8247 (Attn: Melissa Cogar)