



WASHINGTON LOCAL SCHOOLS  
INTRADISTRICT APPLICATION  
2020-21

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 2019-20? 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 for 2019-20 School Year** (if applicable) \_\_\_\_\_

**Grade to be Enrolled for 2020-21 School Year** \_\_\_\_\_

**School Building of Residence (home school) for 2020-21 School Year** \_\_\_\_\_

**School Building Requested for 2020-21 School Year** \_\_\_\_\_

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 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