

Open Enrollment Inter-district Transfer Application  
To the Walnut Township Local Schools

Return to: Superintendent  
Walnut Township Local Schools  
11850 Lancaster Street  
Millersport, OH 43046

Application Deadline:  
**July 10, 2021**

**Early Application Encouraged**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s) Names \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ (Street)  
\_\_\_\_\_ (P.O. Box)  
\_\_\_\_\_ (City, Zip)

Is student currently in a Special Education Program? \_\_\_\_ yes \_\_\_\_ no

If yes, what program \_\_\_\_\_

Current IEP attached? \_\_\_\_ yes \_\_\_\_ no

# of days absent (2020-2021 school year) \_\_\_\_\_

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I (we) hereby request that the student listed above be considered for transfer to the Walnut Township Local School District for the **2021-2022** school year in the \_\_\_\_\_ grade. This student is currently enrolled in school at \_\_\_\_\_ (School District & Building Name) in grade \_\_\_\_\_.

\_\_\_\_\_  
(parent/guardian signature) (date)

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NOTE: Inter-district transfer students must attach a **complete individual immunization record, a recent official transcript or record of achievement (including attendance), a current IEP (if handicapped), a record of any suspensions or expulsions from the previous school term, an original birth certificate and proof of residence.** Without these attached, the application will **not** be considered.  
FALSIFICATION OF INFORMATION WILL RESULT IN THE REJECTION OR TERMINATION OF THE TRANSFER REQUEST.

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(For Official Use Only)

Date Received in Complete Form: \_\_\_\_\_

Action Taken: \_\_\_\_ Approved \_\_\_\_ Disapproved

Superintendent's Signature: \_\_\_\_\_

Date Adjacent Superintendent Notified: \_\_\_\_\_

Date Parent/Guardian Acceptance Letter Sent: \_\_\_\_\_ Date Letter Returned: \_\_\_\_\_

Date Parent/Guardian Rejection Letter Sent: \_\_\_\_\_