

REYNOLDSBURG CITY SCHOOLS

REQUEST: RETURN TO HOME SCHOOL

for **2022-2023**

Grades Kindergarten – 8th ONLY



Student's Name: _____ Grade: _____

Address: _____ Student ID: _____

Parent's Name: _____ Primary Phone Number: _____

CURRENT School of Choice:	<input type="checkbox"/> Baldwin Road STEM	
	<input type="checkbox"/> Summit STEM Elementary	
	<input type="checkbox"/> Herbert Mills STEAM Elementary	
OR		
Intra-District Choice:	<input type="checkbox"/> French Run Elementary	<input type="checkbox"/> Hannah Ashton Middle
	<input type="checkbox"/> Rose Hill Elementary	<input type="checkbox"/> Waggoner Road Middle
	<input type="checkbox"/> Slate Ridge Elementary	<input type="checkbox"/> Waggoner Road Junior
	<input type="checkbox"/> Taylor Road Elementary	

Home School / Building of Residency: (to which student will return)		
<input type="checkbox"/> French Run Elementary	<input type="checkbox"/> Hannah Ashton Middle	
<input type="checkbox"/> Rose Hill Elementary	<input type="checkbox"/> Waggoner Road Middle	
<input type="checkbox"/> Slate Ridge Elementary	<input type="checkbox"/> Waggoner Road Junior	
<input type="checkbox"/> Taylor Road Elementary		

Reason for Transfer Request: _____

Please be aware that building transfers during the school year are not guaranteed. Completing this request form does not imply that your child will be transferred. Each request is review by the administration.
Student must continue attending their current school until approval is granted.

X _____ Date _____

Parent/Guardian Signature Date

IF APPROVED, an appropriate start date will be decided at the building level and the school will contact the parent directly with the next steps.

OFFICE USE ONLY	
Form Received by:	Received Time Stamp