

# REYNOLDSBURG CITY SCHOOLS



## REQUEST: RETURN TO HOME SCHOOL

Grades Kindergarten – 8<sup>th</sup> ONLY

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

<b>CURRENT</b> School of Choice:	<input type="checkbox"/> Baldwin Road STEM	
	<input type="checkbox"/> Summit STEM Elementary	
	<input type="checkbox"/> Herbert Mills STEAM Elementary	
<b>OR</b>		
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this request will be reviewed by the building principal and, if approved, the transfer will take approximately two days to complete. My child will continue to attend his/her current school until transfer is complete. (Applies if transfer is to take place during the school year. Request made by July 1st between school years will be resolved before the start of the new year).

**Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

Date Received \_\_\_\_\_ By: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_