

REYNOLDSBURG CITY SCHOOLS



REQUEST: RETURN TO HOME SCHOOL

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 _____
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 |