



1111 Superior Avenue E, Suite 1800, Cleveland, OH 44114 • 216.838.0000

## The Office of School Choice & Enrollment / The Office of Special Education Transfer Request Form

PLEASE PRINT

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### Please List School of Choice

School Choice 1: \_\_\_\_\_

School Choice 2: \_\_\_\_\_

School Choice 3: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_