

APPLICATION FOR IN-DISTRICT TRANSFER (IDT)

Educational Services



19120 Cass Avenue, Clinton Township, MI 48038 (586) 723-2020 --- FAX (586) 723-2021 Inspiring and empowering learners to achieve a lifetime of success

Student's Legal Name:		
Current Address:		
House Number/Street	Home Phone	
City	State	Zip
Parent/Guardian Name:	Daytime Phone:	
School Presently Assigned:	Current Grade:	
Preferred School Placement:(See In-District Transfer Roll-Up procedures)	2025-2026 Grade:	
Is there a sibling enrolled at preferred school?	Yes	No
If so, student(s) name and grade:		
Is this student currently receiving special education services? (Program must be offered at requested school)	Yes	No
Reason for request, including rationale and documentation, is	required. Please at	tach.
I recognize that the following conditions apply regarding an In-Dis	strict Transfer:	
 Student must be enrolled in a Chippewa Valley School. Request must include legal or medical documentation as a Student will arrive at school on time and will leave the school day, unless at a supervised activity. If accepted, the student is committed to the In-District Tranuntil enrollment is broken. Parents/Guardians are responsible for providing transportations. Chippewa Valley Schools will not provide to 	ool grounds promptly nsfer school/pathway ntion for students exer	at the end of the through graduation or
My signature indicates that I have read the In-District Transfer these conditions.	r conditions and und	lerstand and agree to
Signature of Parent/Guardian	Date	

Submit In-District Transfer Applications to:

Chippewa Valley Schools Administration Building **Educational Services Department** 19120 Cass Avenue

Clinton Township, MI 48038

Monday – Friday 8:00 a.m. – 4:00 p.m.

Phone: (586) 723-2020; Fax: (586) 723-2021