



# Community Unit School District 303

Donald D. Schlomann, Ph.D. • Superintendent of Schools • (331) 228-2000

## School Assignment and Intra-District Transfer/Choice – Middle Schools Intra-District Transfer/Choice Request Form

All requests for Middle School Intra-District Transfers must be submitted in writing (electronic forms are acceptable) to the Superintendent or their designee **by the last business day in April**. Individual requests must be received for each student.

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

Child's Name: \_\_\_\_\_ Grade Level for coming school year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent's First and Last Names: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Reason for request for intra-district transfer:

\_\_\_\_\_  
\_\_\_\_\_

Please list the Middle School Intra-District Transfer option you prefer:

Current Attendance Area School:	
<b>Preferred School:</b>	

*In submitting this request for an intra-district transfer, I understand that*

- *I assume responsibility for my child's transportation to and from school.*
- *My child's transfer remains in effect during his/her time in middle school, as long as we remain residents of the District.*
- *Upon completion of middle school, my child attends the high school assigned to our home attendance area.*

Parent Signature: \_\_\_\_\_

Send completed requests to: Tammy Marsan, Assistant to Dr. Jason Pearson, Deputy Superintendent, CUSD 303, 201 S. 7<sup>th</sup> St., St. Charles, IL 60174 or by email: [tamara.marsan@d303.org](mailto:tamara.marsan@d303.org).

### OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date:
Authorizing Signature:		
Notifications Complete:	Exiting School <input type="checkbox"/>	Receiving School <input type="checkbox"/> Parent <input type="checkbox"/>