



WRIGHT ELEMENTARY SCHOOL DISTRICT

APPLICATION FOR INTRA DISTRICT ATTENDANCE

Effective School Year _____ School of Residence _____ Requested School _____

Parent/ Guardian Name: _____

Address: _____ Phone: _____

Student Name: _____ Grade for year of Request: _____

Student Name: _____ Grade for year of Request: _____

Student Name: _____ Grade for year of Request: _____

Student Name: _____ Grade for year of Request: _____

Reason for Request: _____

I understand that if approved, my child(ren) may attend contingent upon continued space available in the school/ class of desired attendance and that my children may be displaced by students actually residing within the established boundaries for this school. Further, I understand that it is my responsibility to provide transportation for my children to and from my school of choice. I certify that the information provided above is true.

Parent/ Guardian Signature: _____ Date: _____

Please Note: If transfer is denied due to lack of space available, you may be offered an opportunity to enroll at another District School.

For School Use Only

___ Approved ___ Denied Reason: _____

Principal Signature _____ Date: _____

Intradistrict Coordinator Signature _____ Date: _____