

**WAYNE TOWNSHIP PUBLIC SCHOOLS
DISTRICT TRANSFER FORM**

I. TRANSFER REQUEST INITIATED BY		
NAME	TITLE	DATE

II. TRANSFER REQUEST FOR		
LAST NAME	FIRST NAME	DATE
PRESENT SCHOOL	ASSIGNMENT	

III. THREE CHOICES (IF AVAILABLE) IN PRIORITY ORDER		
1.	TRANSFER TO SCHOOL	ASSIGNMENT
2.	TRANSFER TO SCHOOL	ASSIGNMENT
3.	TRANSFER TO SCHOOL	ASSIGNMENT

IV. REASON OR RATIONALE FOR TRANSFER REQUEST

V. ADMINISTRATIVE ACTION		
ADMINISTRATOR NAME	TITLE	SCHOOL
Date of Local Advisement Meeting	Individuals Present	
Date of Superintendent Advisement Meeting	Individuals Present	

VI. APPROVAL SIGNATURES AND ACTIONS				
Proposed Employee Transfer Signature	School or Title	DATE	Agree	Disagree
Sending School Principal Signature	School or Title	DATE	Approved	Disapproved
Receiving School Principal Signature	School or Title	DATE	Approved	Disapproved
Director Name Signature	Director Title	DATE	Approved	Disapproved
Assistant Superintendent / Superintendent Signature	Title	DATE	Approved	Disapproved
Human Resources Signature	DATE ACTIONED	AGENDA DATE	AGENDA ITEM	