



2025 – 2026 In District Transfer Guidelines

1. Applications are approved on a space/program available basis.
2. Students will remain enrolled in their “home” school until such time in which they are notified of the decision on their application.
3. Parent must provide proof of residency at time of application if transfer is due to change of address or student is new to district.
4. **Transportation will not be provided; this will be the responsibility of the parent/guardian. All Students will need transportation no later than 15 minutes beyond the end of the school day.**
5. For Kindergarten, complete the Kindergarten Selection Form.
6. Applicants ***may apply to only one school*** under In District Transfer.
7. When the applicant is approved, permission is granted through the end of each school level, (i.e., through the fifth grade for elementary, through the eighth grade for middle school and through the twelfth grade for high school students).
8. Child’s most current IEP if your child is presently receiving any special services (i.s, special education, speech) AND you are new to the district.
9. Must complete a **separate application for each child.**

Applications may be submitted:

By email: kovalsh@lc-ps.org or

In-person appointment: <https://www.lc-ps.org/our-district/schools-of-choice-applications/>

Harry L. Wheeler Community Center & Administrative Offices
Shannon Kovalcik/Student and Information Services
24076 F.V. Pankow Blvd, Clinton Township MI 48036
586.783.6300 ext. 1246



2025-2026 In District Transfer Application Form

Student's Last Name:	Student's First Name:
Address:	
City:	Zip:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Email Address:	
School Attended in 2024-2025: _____ :	
Students Grade in 2024-2025: _____ : Grade for 2025-2026: _____ :	
School you wish to attend in 2025-2026: _____ :	
Attendance Area School (Home School): _____ :	
Is your child presently receiving any special services (i.e., special education, speech, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Services: _____	
Reason for Request/Change of School:	

Please Initial:

_____ Request ***IS NOT*** sports related.

_____ Transportation will ***not*** be provided; this is the responsibility of the parent.

_____ All students will need transportation no later than 15 minutes beyond the end of the school day.

Applicants may apply to only one school under this plan. Granted applicants will remain in the approved school through the final grade in that building (through fifth grade in elementary, eighth grade in middle school and twelfth grade in high school).

Parent/Guardian Name: (please print)	
Signature of Parent/Guardian:	Date:

Items to be submitted:

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- Completed Application Most Current IEP (if applicable) Kindergarten Selection Form (if applicable)

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