



**ROMEO COMMUNITY SCHOOLS**  
316 N Main, Romeo Michigan 48065  
Enrollment Office (586) 281-1404

Date Received

**ELEMENTARY (Y5-5)**  
**INTRA-DISTRICT**  
**TRANSFER REQUEST FORM**

A separate application is required for each student. All information requested **MUST** be filled out. Return completed application in one of the following ways: **In person at Enrollment Center, Romeo Community Schools, 316 N. Main St, Romeo, Michigan 48065; email to [enrollment@romeok12.org](mailto:enrollment@romeok12.org), or fax to 586-752-0227**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (include for notification): \_\_\_\_\_

School attended during 2024-2025 school year: \_\_\_\_\_

Current assigned school: \_\_\_\_\_ (based upon attendance boundary)

School you are requesting a transfer/retention to: \_\_\_\_\_

Siblings already attend requested school? Yes No If yes, list names \_\_\_\_\_

*Please include an explanation of your circumstances and reason you are requesting a transfer: (a separate document may be attached if necessary)*

*By signing below, I acknowledge and accept the policies and regulations regarding the Romeo Community School District, Schools of Choice program. I certify that the above information is accurate and complete to the best of my knowledge. I understand that failure to reply truthfully may result in the loss of my child's eligibility for acceptance and removal from Romeo Community Schools' Schools of Choice program. Also, I understand that if transportation cannot be provided by Romeo Community Schools, I am responsible for transporting my child to and from school.*

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Upon review of this application, and with consideration to the policies and procedures specific to the Intra-district (K-5) Schools of Choice transfer request program in Romeo Community Schools, this application is:

☐ Approved ☐ Disapproved

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

Reason for denial:  
\_\_\_\_\_  
\_\_\_\_\_

Date of communication of status: \_\_\_\_\_ Emailed \_\_\_\_\_ USPS \_\_\_\_\_ Other \_\_\_\_\_ Initials of Enrollment Personnel \_\_\_\_\_