

## MARQUETTE AREA PUBLIC SCHOOLS

1201 W. Fair Avenue Marquette, MI 49855 (906) 225-4200

## 2024-25 Building Transfer Request (for Non Resident Pupils)

APPLICATION FORM: Please complete the following information and submit to your child's current school building.

Note: Initial review of applications will take place by July. Parents will be notified whether their application has been approved. Parent/Guardian are responsible for transportation.

		Date o	of Application:			
Student's Last Name:						
First Name:						
Middle Initial:						
Date of Birth:	/	/	Gender:	MALE or	FEM	ALE
Grade student will be enro	lled for 2024-25 sci	nool year:				
School Building currently attending:						
School you are requesting to attend for 2024-25: 1 <sup>st</sup> Preference 2 <sup>nd</sup> Preference						
Reason(s) for request [attach	n letter if necessary]:					
, , ,			of Student	<u>Grade</u>		
Parent/Guardian Ide	entification Inf	ormatior	1:			
Name:						
Address:						
City:	-		State:		Zip:	
Home Phone: (	) Wo	rk Phone:	( )	Cell Phone:	(	)

It is the policy of the Marquette Area Public Schools that no student shall be discriminated against on the basis of religion, race, color, national origin, sex, height, weight, marital status, or athletic ability, or, generally, in violation of any state or federal law prohibiting discrimination.