



MARQUETTE AREA PUBLIC SCHOOLS

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

2024-25 MAPS In-District Transfer Request

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

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

Date of Application:			
Student's Last Name:			
First Name:			
Middle Initial:			
Date of Birth:	/	/	Gender: MALE or FEMALE
Grade student wishes to enroll for 2024-25 school year:			
School Building Currently attending:			
Assigned school based on address:			
School you are requesting to attend for 2024-25:	1 st Choice	_____	
	2 nd Choice	_____	
Reason(s) for request [attach letter if necessary]:			
Identify any siblings in this school:	<u>Name of Student</u>	<u>Grade in 2024-25</u>	
	1. _____	_____	
	2. _____	_____	
	3. _____	_____	
Parent/Guardian Identification Information:			
Name:			
Address:			
City:	State:	Zip:	
Home Phone:	()	Work Phone:	()
		Cell Phone:	()

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