

**BUCYRUS CITY SCHOOL DISTRICT  
TEACHER REQUEST FOR TRANSFER FORM**

Please complete this form in duplicate and forward both copies to the superintendent for his approval or rejection. Copies will then be returned or retained as follows: 1) Original – retained by Superintendent, and 2) duplicate returned to the person requesting transfer.

A. General Information:

Number of years  
in school system: 3 years

Number of years in  
present position: 1 year

B. Present Position:

Other positions held in this school system:

1. 3<sup>rd</sup> Grade Gen. Ed

Dates Aug. 2023 - May 2025

2. \_\_\_\_\_

Dates \_\_\_\_\_

3. \_\_\_\_\_

Dates \_\_\_\_\_

C. Transfer Requested:

Name of school: Bucyrus Elementary Position 4<sup>th</sup> Grade, Self contained

Reason(s) for request: Wanting to be self contained

Qualifications for position: My certification is Early Childhood Pre-K-3 w/ 4-5 generalist Endorsement, K-12 Reading

Signature Madelyn Gahring 4/27/26  
Applicant

D. Disposition of Request (check one)

Approved ☒

Rejected \_\_\_\_\_

If request is rejected, the reason(s) follow: \_\_\_\_\_

Superintendent's Signature

[Signature]