



OUT-OF-AREA REQUEST

Name of School:

Requested School:

Date Requested to Start

Out Of Area School:

Student's Current Grade:

Full Name of Student:

Names of Parent/Guardian:

Address (complete):

Telephone:

Signature of Principal

Reason for Request:

I/we understand that I/we are responsible to provide for transportation for our child and I/we understand the transfer is a permanent one.

Signature of Parent/Guardian

Date

The school where the placement is requested will complete the section below and you will be contacted when the decision has been made.

Received by school on (date):	
Decision of Principal:	
Signature of Principal:	
Parent/Guardian notified on (date):	