E ON OR BEFORE APRIL 15TH R NEXT SCHOOL YEAR	REQUEST FOR IN-DIS			
Today's Date	— MUST BE TURNED IN AT Z	ONED SCHOOL OF R	ESIDENCE School Yea	,
Please indicate Regular Placement:	ar Education Special Educa	ation Specify:		l
Student's Name		DOB	Grad	e Requested
Mailing Address		Physical Address		
City, State, Zip Code		City, State, Zip Code		
Name of Parents/Legal Guard	dians			
Day Phone	Evening Phone		Cell Phone	
Other Contact			Phone Number	
School Zone Student reside :	s in (turn in form at this site)			
Student requests transfer to		<u> </u>		
School Student last attended	 			
Reason for requesting transfer				
If request is for child care pur provide name, address & pho number of child care provide	one			
this regulation should be add violations of school rules ar residence school. REQUEST I THE SCHOOL YEAR. A NEW school's review of attendan AVAILABILITY AND APPRO variances may be withdrawn	nt is 100% responsible for transferssed to the school. Student's and regulations will result in the FOR TRANSFER IS VALID FOR ON FORM MUST BE COMPLETED A ce, grades and behavior. All traval of the Superintendent/Designee to the superintendent	transfer being revoke transfer being revoke NE YEAR ONLY, STUDE NNUALLY. Approval for ansfer requests, regard /DESIGNEE. Due to stron numbers are in dange	ooperation with the school and the student being the student being the subsequent year with the subsequent year with the subsequent year with the subsequent year with the subsequent year and a subsequent class size mandation of being exceeded in with the subsequent class size mandations.	nool is required. Any returned to WN AT THE END will be based on e subject to SPA ates, approved zo which case a lotten.
Signature of Parent/Guardia			Date	
Approval Signature of Reside			Date	
Approval Signature of Receiv			Date	
	OOL PRINCIPALS, RECEIVING SCHOOL	. WILL FORWARD FORM TO		
Superintendent/Designee Ap			Date	
Granted Denied	Reason for Denial			