

Intra-District Student Transfer Form

Student requests to enroll in schools other than those serving their residence must be reviewed by both principals and approved by the Superintendent.

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Student _____ Date of Request _____
Address _____ Request to withdraw from _____
_____ and enroll at _____
Name of Parents _____ on _____ (date) Grade _____ Age _____
Address _____ Parent Signature _____
_____ Telephone _____ (Home) _____ (Work)

Reasons for requesting transfer

TO BE COMPLETED BY PRINCIPAL OF SCHOOL SERVING STUDENT'S RESIDENCE:

Please verify above information and make necessary corrections.

I recommend Approval Disapproval of the student's transfer request.

Supporting comments _____

Date Signature of Principal School

TO BE COMPLETED BY PRINCIPAL OF NONRESIDENT SCHOOL:

I recommend Approval Disapproval of the student's transfer request.

Supporting comments _____

Date Signature of Principal School

TO BE COMPLETED BY SUPERINTENDENT:

I Approve Disapprove of the student's transfer request.

Supporting comments _____

Date Signature of Superintendent