

# Out of District / Transfer Application

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Current School \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Reason for wishing to transfer \_\_\_\_\_

\_\_\_\_\_

Suspension/Expulsion proceedings at present school? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

*I affirm under penalty of perjury that the above information is true to the best of my knowledge.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office # \_\_\_\_\_