# OUT-OF-AREA REQUEST

Name of School: _____

Requested School: _____

Full Name of Student: _____

Names of Parent/Guardian: _____

Address (complete): _____

_____

Telephone: _____

Student's Grade: _____

_____
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): | |