

CROSS BOUNDARY TRANSFER REQUEST

Student's Name: _____ Attendance Area: _____

Parents/Guardians Name: _____ Telephone: _____

Mailing Address: _____ Street Address: _____

Student's Age: _____

I wish my child to attend Grade _____ at the _____ School for the _____ school year.

Reason: _____

Signature of Parent

Signature of Principal
Attendance Area School
(indicates awareness of request)

For Board Office Use:

Date Received: _____

School assigned: _____

Time: _____

Date: _____

By: _____

Approved by: _____

Subject to Regulation 6, Policy 5000