			IOOL DISTRICT (RANSFER REQUEST			
(Print Clearly)	2025 - 2026 II	N-DISTRICT TE	KANSFER REQUES	TORM		
Student Name:			Currer	rrent Grade:		
Current School						
Parent Name:			Phone:			
Address:						
City, State & Zip:						
	·	School of Choic	e/Reason			
List School of Choice	:e					
	fers are reviewed on a c					
	chool Principal and Anal decision has been ma					rdian will
	_	Official Use	Only			
Voue	Approved transfer request is approved	a	Vous te	Denied ansfer reques	t is denied	
If denied, briefly state re		\ 		1		
Principa	l Signature	Date	Assistant Superi	ntendent Si	gnature	Date

All forms must be submitted to the school for approval.

Transportation to school must be provide by parent/legal guardian if request is approved.