



## OUT-OF-AREA REQUEST

Name of School:

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Requested School:

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Date Requested to Start

Out Of Area School:

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Student's Current Grade:

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Full Name of Student:

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Names of Parent/Guardian:

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Address (complete):

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Telephone:

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Signature of Principal

Reason for Request:

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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 and time)	
Decision of Principal:	
Signature of Principal:	
Parent/Guardian notified on (date):	