



OUT-OF-AREA REQUEST
(to be used for schools within HRCE only)

Name of School: _____

Requested School: _____

Date Requested to Start
Out Of Area School: _____

Student's Current Grade: _____

Full Name of Student: _____

Names of Parent/Guardian: _____

Address (complete): _____

Telephone: _____

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.

<i>Signature of Parent/Guardian</i> _____ <i>Date</i> _____

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):	_____