

Out-of-District Request to Enroll

School Year: _____

Student's Name: _____ Grade: _____

Out-of-district enrollment assignments are reviewed annually and changes made in accordance with prevailing conditions. See board policy page 26 of Student Handbook "If a transfer is granted the parent/legal guardian must apply in writing each year to school administration to continue attending out of his/her school zone".

Please know that we care very much about your child and will always consider his/her best interests before making any transfer recommendation.

Parent's Name: _____

Physical Address:

Reason for Request:

Parent Signature: _____

Date signed ____/____/____