

Troy Stoops
Superintendent

Board Members | Rodney Hill Chair | Raymond Frey Vice Chair | Shari Riedman | Greg Traeger | Daniel Crowe

NON-RESIDENT TRANSFER REQUEST FORM
(Must be accurately completed and on file for every student)

To Be Completed By Parent/Guardian:

Date: _____ Requested School Year: _____

To: _____
Requested Non-Resident School District *Requested Non-Resident School*

Name of Student: _____
Please Print Clearly

Birth date of Student: _____ Grade: _____
(please indicate the grade the student will be in for the school year requested)

Name of Petitioner: _____
Parent/Guardian Please Print Clearly

Address: _____ Home phone: _____
Street City Zip Work phone: _____
Cell phone: _____

Mailing Address: *(If different from above)* _____
P.O. Box City Zip

Email Address: _____

Reason for Petition (optional): _____

Has student ever been expelled? ___ yes ___ no If yes, please provide reason:

Attach documentation that verifies current address and phone number. (utility bills, phone bills, etc.)

