

Pendleton School District 16R

In-District Student Transfer Request Form

Elementary Student Request for Change of School within District Boundaries

Request must be submitted by May 15 to the attendance area school.

Student Name: _____ Date of Application: _____

Current Age: _____ Current Grade: _____ Request for the 20____ - 20____ School Year

From _____ School To _____ School

Parent / Guardian Name: _____

Present Address: _____

Home Phone: _____ Work Phone: _____

Name and ages of other students living at student's address:

Name _____ Age _____ Name _____ Age _____

Parent Reason (s) for Request:

I agree to assume all transportation needs of my student if this change is approved. I recognize that this request is for the above mentioned student and only for the time period indicated. I understand that if this request is approved, my student shall maintain appropriate behavior, attendance and academic performance or risk revocation of the approval.

Signature of Parent: _____

District Office Decision

_____ The School Change is Denied.

_____ The School Change is approved for the time period of _____

Signature of Administrator: _____ Date: _____