Pinehurst School District 94

Code: **JECB-AR(6)**
Revised/Reviewed: 1/13/15

# Request for Interdistrict Transfer Out of Resident District

School Year _____

**For Office Use Only**

Student ID# _____

**Student Information**

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Student Grade Level in [2014-2015] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail address _____

Parent/Guardian Name (Person in Parental Relationship) _____

Signature of Parent/Guardian _____ Date _____

***Granting the request does not guarantee acceptance to another district.***

**For Office Use Only:**

Final Action of Resident District: □ Approved □ Denied

Reason for denial: _____

Superintendent/Designee: _____ Date _____