

APPLICATION FOR RELEASE OF A FERNDALE STUDENT

Student Name: _____ Grade level for year of transfer: _____

Does student have an IEP? Yes / No
(Or receive Special Education Services?)

Student Birthdate: _____

Parent / Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Home) _____ Phone:(Work) _____

Resident District: _____ School Currently Attending: _____

District and School To Which Student Is Requesting Transfer: _____

Reasons for Request: _____

It is understood that we, as parents, must assume responsibility for adequate transportation and supervision to and from school. We also understand that if this application is approved, consent is for the specified year only.

Date

Parent/Guardian Signature

ACTION BY FERNDALE SCHOOL DISTRICT TO RELEASE

Request for transfer meets district criteria and is APPROVED DENIED * for the 2009 school year.

Ferndale School District Superintendent or Designee

Date

RECEIVING SCHOOL DISTRICT AGREEMENT

Request for transfer meets district criteria and is APPROVED DENIED for the 2009 school year.

Resident School Superintendent or Designee

Date

*Your request for transfer has been denied for the following reason(s):