

Ashland School District 5

Code: **JECB-AR(6)**
Revised/Reviewed: 6/12/17

Request for Interdistrict Transfer Out of Resident District

For Office Use Only

School Year _____

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 _____