



School Year: _____

Student's Name: _____ Date of Birth: _____ Age: _____

Parent/Legal Guardian Name: _____

Address: _____

Telephone Number: _____

Name of public district and school currently attending: _____

Name of public district and school requesting to attending: _____

Name of private school currently attending: _____

Name of home school association chosen: _____

PARENTS:

The attached Policy Code JFAB/JFABC, Admission of Nonresident/Transfer Students, is being provided for your information and use in response to your request. Please review the policy carefully, **Complete the form and return it to the Office of the Superintendent at the address above.**

Reason(s) for request:

If you feel there are compelling needs or extreme circumstances in your situation, you may appeal to the Board of Trustees. Please attach a letter explaining the needs or circumstances with appropriate information and verification to this form.

Parent/Legal Guardian's Signature _____

Date _____