

**GLOVERSVILLE ENLARGED SCHOOL DISTRICT
REQUEST FOR IN-DISTRICT TRANSFER
SCHOOL YEAR _____
(Please Print)**

Name of Parent/Guardian _____

Address _____ Telephone _____

	<u>Name of Child</u>	<u>Date of Birth</u>	<u>Grade Child Will Enter</u>	<u>School Now Attending</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

School in **Your** District: _____

Statement From Building Principal in **Your** District: _____

Building Principal Signature

Out of District School You Wish Your Child to Attend: _____

Reason For Your Request: _____

Parent/Guardian Signature

**Out of District-Building Principal
Signature**

To be filled out by out-of-district building principal for transportation purposes: _____ Parent Request _____ District Request
