



# Request for Inter District Transfer Out of Resident District

Transfer Requested for School Year \_\_\_\_\_

Transfer **from Resident** School District: Albany Public School District Resident School \_\_\_\_\_

Transfer **to Receiving** School District \_\_\_\_\_ Requested School(s) \_\_\_\_\_

Reason for Requested Transfer: \_\_\_\_\_

Is the student currently expelled from any school district?  No  Yes - If yes, please explain.

### Student Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Grade Level Entering for requested year \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

**Signature** of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

### For Office Use Only

Resident District	Receiving District
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Signature of Superintendent/Designee    Date	_____ Signature of Superintendent/Designee    Date
Reason(s) for Approval or Denial _____ _____ _____	Reason(s) for Approval or Denial _____ _____ _____