

## Out of District Transfer Request Form

Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email address: \_\_\_\_\_

District transferring from: \_\_\_\_\_

USD number

Name of School

School year requesting: \_\_\_\_\_

This is a formal request to the Baldwin City USD 348 Board of Education for permission to allow our child/children to attend school in the USD 348 at the requested attendance center. The following named children will attend, if permission is granted.

Student Name	(please check new or current)		(year enrolling)		
	New Request**	Current Student*	School requested	Grade level	Age

This request is being made for the following reasons:

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\*current student requests are due June 1<sup>st</sup> to be considered for next school year placement

\*\* new requests may not be responded to until after enrollment