West Fargo Public Schools Elementary & Secondary
In-District Transfer Request Application

Name of Student(s) Grade(s)

_____ _____

_____ _____

_____ _____

Please use the back of this page if more space is needed.

Parent or Guardian _____

Mailing Address _____

Home/Cell Phone _____ Work Phone _____

Request Transfer From _____ To _____

Date for request to take effect: (Please Circle) Immediately Next School Year

Reason You Are Requesting Transfer (Must Be Completed) _____

_____

_____

_____

Please use the back of this page if more space is needed.

By signing this form, I acknowledge that I have read and understood the policy *School Attendance Areas* and the procedures regarding in-district transfers. I understand that if approved, this transfer will be in effect for the current academic year only, that I must reapply every academic year proceeding, and that I will be responsible for all transportation to and from school as long as an in-district transfer is in place. I also understand that any subsequent transfer requests for future academic years may be denied.

_____ _____
Parent/Guardian Signature Date

<<<<<<<<<<<<<<<<< Office Use Only >>>>>>>>>>>>>>>>>

- ❑ Approved
- ❑ Denied

_____ _____
Releasing Principal Signature Date

_____ _____
Admitting Principal Signature Date