

**Ashland School District 5**

Code: **JECB-AR(6)**  
Revised/Reviewed: 6/12/17

**Request for Interdistrict Transfer Out of Resident District**

<b>For Office Use Only</b>
Student ID# _____

School Year \_\_\_\_\_

**Student Information**

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

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ (MM/DD/YY) Student Grade Level in [2014-2015] \_\_\_\_\_

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

E-mail address \_\_\_\_\_

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

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

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

<b>For Office Use Only:</b>	
Final Action of Resident District: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason for denial: _____	
_____	
Superintendent/Designee: _____	Date _____