

# Lowell School District 71

Code: **JECB-AR(5)**  
Revised/Reviewed: 12/15/14

## Request for Interdistrict Transfer Out of Resident District

### For Office Use Only

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

Student ID# \_\_\_\_\_

### 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.***

### For Office Use Only:

Final Action of Resident District:  Approved  Denied

Reason for denial: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_