

# Mapleton School District 32

Code: **JECB-AR(5)**  
Revised/Reviewed: 3/08/17

## 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 Current Grade Level \_\_\_\_\_

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.***

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Final Action of Resident District:  Approved  Denied

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

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