

Request to Rescind an Approved In-District Transfer

Student Name: (Please Print) _____

Today's Date: _____ **Student Date of Birth:** _____

"My Home School is _____ School. I was granted a transfer to attend _____ and now would like to return to my home school of _____ School."

Why do you desire the change? (Be as specific as possible.) _____

Student Address: _____

Current Telephone Number: _____ **Grade student is currently in:** _____

"By my signature, I request that the original transfer be rescinded and that my child will finish their high school education at _____."

Parent or Guardian Name: (Please Print) _____

Parent or Guardian Signature: _____

Today's Date: _____

Signature of Principal at CURRENTLY ENROLLED School: **Approved** ☐ **Denied** ☐

Today's Date: _____ If Denied,
Reason: _____

Signature of Principal: _____

Signature of Principal at Home School: **Approved** ☐ **Denied** ☐

Today's Date: _____ If Denied, Reason: _____

Signature of Principal: _____

Signature of Student, Personnel & Legal Services: _____

Today's Date: _____

Comments: _____