Request to Rescind an Approved In-District Transfer

oday's Date:	Student Date of Birth:
attend	School. I was granted a transfer to and now would like to return to School."
Why do you desire the change? (Be as	s specific as possible.)
Student Address:	
	Grade student is currently in:
"By my signature, I request that the finish their high school education a Parent or Guardian Name: (Please	re original transfer be rescinded and that my child will nt" Print)
"By my signature, I request that the finish their high school education a Parent or Guardian Name: (Please Parent or Guardian Signature:	ne original transfer be rescinded and that my child will nt" Print)
"By my signature, I request that the finish their high school education a Parent or Guardian Name: (Please Parent or Guardian Signature: Today's Date: Signature of Principal at CURRENTL Today's Date: If Deni	Print) Y ENROLLED School: Approved Denied
"By my signature, I request that the finish their high school education at Parent or Guardian Name: (Please Parent or Guardian Signature: Today's Date: Signature of Principal at CURRENTL Today's Date: If Deni Reason	Print) Print) Print Denied Approved Denied ied,
"By my signature, I request that the finish their high school education at Parent or Guardian Name: (Please Parent or Guardian Signature: Today's Date: If Deni Reason Signature of Principal: Signature of Principal Signat	Print) Print) Penson Approved Denied ied, i
"By my signature, I request that the finish their high school education at Parent or Guardian Name: (Please Parent or Guardian Signature: Today's Date: Signature of Principal at CURRENTL Today's Date: Reason Signature of Principal: Signature of Principal at Home Se	Print) Print) Denied ied, i Denied
"By my signature, I request that the finish their high school education as Parent or Guardian Name: (Please Parent or Guardian Signature: Today's Date: If Deni Reason Signature of Principal at CURRENTL Today's Date: If Deni Reason Signature of Principal: If Deni Signature of Principal at Home Set Today's Date: If Deni Signature of Principal: If Deni Signature of Principal: If Deni Signature of Principal: If Deni	Print) Print) Print Denied ied, n: chool: Approved Denied ied, Reason:
"By my signature, I request that the finish their high school education as Parent or Guardian Name: (Please Parent or Guardian Signature: Today's Date: If Deni Reason Signature of Principal at CURRENTL Reason Signature of Principal: If Deni Reason Signature of Principal at Home Son Today's Date: If Deni Signature of Principal at Home Son Signature of Principal at Home Son Signature of Principal: If Deni Signature of Principal If If Deni Signature of Principal If If Deni If If Deni If	Print) Print) Print Denied Approved Denied