

**Valley Falls School District #338  
Out of District Application**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Request is for the school year 20\_\_ - 20\_\_ and Grade \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell Work

Name of most recent school attended: \_\_\_\_\_

Name of all schools attended and years attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of school which student should attend (from your address): \_\_\_\_\_

**Give specific reasons as to why this transfer is requested (If there is willful misrepresentation of information, approval will be denied or revoked, and the child will be assigned to his/her home district school):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Superintendent Approval (Interview could be set up): \_\_\_\_\_

Notification of Approval (Date): \_\_\_\_\_

Request Denied on this Date: \_\_\_\_\_