

For School Year: \_\_\_\_\_  
(This request is for one school year and must be submitted annually)

## OUT OF AREA TRANSFER REQUEST

### Garrett County Board of Education

Student: _____	Grade: _____
Parent/Guardian: _____	
Mailing Address: _____	Student's Home School: _____
	<i>(School located in your district)</i>
Home Phone: _____	
Work Phone: _____	Requested School: _____

#### REASON(S) FOR THE REQUEST:

***If a sitter is involved, please complete the following information:***

Sitter's Name: _____	Sitter's Phone: _____
Sitter's Home Address: _____	
_____ Parent/Guardian Signature	_____ Date

#### CONFERENCE:

***Home School Request has been:***

<input type="checkbox"/> Approved	
<input type="checkbox"/> Not approved	Principal's Signature ( <i>Home School</i> ) _____
Reason for non-approval: _____	_____ Date

***Requested School Request has been:***

<input type="checkbox"/> Approved	
<input type="checkbox"/> Not approved	Principal's Signature ( <i>Requested School</i> ) _____
Reason for non-approval: _____	_____ Date

#### TRANSPORTATION DEPARTMENT:

<input type="checkbox"/> Provided by Parent/Guardian	<input type="checkbox"/> Provided by Garrett County Board of Education
Bus: _____	Stop Location: _____
_____ Director of Transportation	_____ Date

#### ACTION (To be completed by Pupil Services Department):

Your request has been: <input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Reason for non-approval: _____	
_____ Supervisor of Pupil Services	_____ Date