

For School Year: 2020-2021

(This request is for one school year and must be submitted annually)

## OUT OF AREA TRANSFER REQUEST

Garrett County Board of Education

**Sections I and II must be completed before request can be received by Garrett County Public Schools**

### I. STUDENT INFORMATION:

|                        |   |
|------------------------|---|
| Student: _____         | Grade: _____                                |
| Parent/Guardian: _____ | Student's Home School: _____                |
| Mailing Address: _____ | (School located in your home district)      |
| Home Phone: _____      | Requested School: _____                     |
| Work Phone: _____      | (School located outside your home district) |

### II. 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: _____ |                                  |
|                              | _____                            |
|                              | <b>Parent/Guardian Signature</b> |
|                              | <b>Date</b>                      |

### III. CONFERENCE:

*Home School Request has been:*

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

*Requested School Request has been:*

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

### IV. TRANSPORTATION DEPARTMENT:

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

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

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