

For School Year: **2019-2020**

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

OUT OF AREA TRANSFER REQUEST

Garrett County Board of Education

All student information, reason(s) for the request, and both school conferences must be completed before application can be received by the Garrett County Board of Education

Student: _____ Grade: _____
Parent/Guardian: _____
Mailing Address: _____ Student's Home School: _____

(School located in your home district)
Home Phone: _____
Work Phone: _____ Requested School: _____
(School located outside your home district)

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:

Approved
 Not approved
Reason for non-approval: _____
Principal's Signature (Home School) **Date**

Requested School Request has been:

Approved
 Not approved
Reason for non-approval: _____
Principal's Signature (Requested School) **Date**

TRANSPORTATION DEPARTMENT:

Provided by Parent/Guardian 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: Approved Not Approved
Reason for non-approval: _____

Supervisor of Pupil Services **Date**