

**UNION-NORTH UNITED SCHOOL CORPORATION
Lakeville, Indiana**

REQUEST FOR STUDENT TRANSFER

Date of Request _____

Name of Parent/Guardian _____ and/or _____
Last First Last First

Address _____
Street/P.O. Box City State Zip

Home Phone _____ Work Phone _____

Are you the Parent or Legal Guardian? _____ If not, explain: _____
(Yes/No)

Reside between _____ Street/Road and _____ Street/Road

County _____ Township _____

School District of Residency _____ Phone _____

Name of School Last Attended _____

Address of School _____
City State

Dates of Attendance in Last School (From) _____ (To) _____

Name of Student(s) to be transferred:	Grade (Next Year)	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Transfer Request: _____

Will student(s) provide own transportation? _____ (Yes or No)

Signature of person responsible for legal request.

Principal Signature Date

Superintendent Signature Date

THIS REQUEST IS SUBJECT TO APPROVAL BY THE SUPERINTENDENT OF SCHOOLS AND YOU WILL BE NOTIFIED OF THE APPROVAL, OR DISAPPROVAL.