

INTER-SCHOOL TRANSFER APPLICATION

Student's Name: _____

Address: _____

Student's Age: _____ Student's Grade _____

Assigned School: _____

School Student Wishes to Attend: _____

Reasons for Requesting Exception: _____

I (We), _____, the parent(s)/guardian(s) of _____
Parent/Guardian Name(s) Student's Name

understand and agree to the terms of the Southern Tioga School District Inter-School Transfer Procedure.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Phone number: _____

Sending School:

Receiving School:

Sending School Principal Signature / ate

Receiving School Principal Signature / Date

Superintendent Action:

___ Approved

___ Disapproved

Superintendent's Signature Date

