

**GRANITE FALLS SCHOOL DISTRICT #332
INTER-DISTRICT SCHOOL TRANSFER REQUEST**

Student Name Birthdate

Address City Home Telephone

My child will be a _____ grade student designated to attend _____ school.
I hereby request that my child be permitted to attend _____
school for the following reasons:

A financial, educational, safety, or health condition-please explain:

There is some other special hardship or detrimental condition- please explain:

Student has been suspended/expelled from previous school

Other _____

Check any needed services ESL ___ Special Education ___ 504 ___ Hi-Cap ___ OT ___
Title I ___ Speech ___ Counseling ___ Other _____

I understand that:

1. Approval of this application is for the specified year only;
2. Approval is granted only if it does not create classroom overcrowding;
3. Approval may be revoked if the student develops a pattern of disruptive behavior, non-attendance, tardiness.

Parent or Student Signature (if 18 years old) Date

This section to be completed by transferring schools

Crossroads packet has been completed and approved

This transfer request is ___ approved for the _____ school year.

This transfer request is ___ denied for the _____ school year for the following reason(s):

Receiving School Date

Releasing School Date