

Amity School District 4J

Code: JECF/AR (1)
Adopted: 06/18/14

Inter-District Transfer From Amity School District to another School District

Transfer to District _____ Requested school in district _____

Student's Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Mailing Address _____ Apartment # _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Student Grade Level for year of request _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail Address _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently under expulsion? Yes No

If yes, what was the reason: _____

Is there a sibling of this applicant currently attending in this district? Yes No

Does the student currently have a transfer for the _____ school year? Yes No If yes, what District _____

Request is for the _____ school year.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of **Amity School District**: Approved Denied Lottery number _____

Reason for denial: _____

Superintendent/Designee: _____ Date _____

Final Action of **Nonresident District**: Approved Denied Lottery number _____

Reason for denial: _____

Superintendent/Designee: _____ Date _____