

**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

