

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9005.05-F**

DISTRICT TRANSFER REQUEST

Relates to: Board Policy 9005.05; 9005.05-AR

**INSTRUCTIONS**

This form is to be completed by the parent/guardian of the child who qualifies under 9005.05-AR

**Return to the Pupil Personnel Office, OCBE, 6165 W. Highway 146 Crestwood, KY 40014**

**INFORMATION**

Student's \_\_\_\_\_  
Last Name First Name Middle Name

Request Assignment \_\_\_\_\_  
School You Want Your Child To Attend Grade Level for Year Requested

Date of Request \_\_\_\_\_ School Year Requested \_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any reasonable accommodations your child will need at the school you wish to attend? Yes  No

Parent/Guardian \_\_\_\_\_  
Last Name First Name Middle Name

Address \_\_\_\_\_  
House Number Street Name City Zip Code

Home Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

**THIS SECTION COMPLETED BY CENTRAL OFFICE PERSONNEL**

Principal of school receiving transfer contacted? No \_\_\_\_\_ Yes \_\_\_\_\_

Comments \_\_\_\_\_

Director of Special Education contacted? No \_\_\_\_\_ Yes \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Director of Pupil Personnel Recommendation to Superintendent \_\_\_\_\_  
\_\_\_\_\_

Superintendent Approval No \_\_\_\_\_ Yes \_\_\_\_\_

Comments \_\_\_\_\_