

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION FORM**

DISTRICT TRANSFER REQUEST

9005.05F

Relates to: Policy 9005.05, 9005.05AR

INSTRUCTIONS

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

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

INFORMATION:

Student: _____
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? Yes No

Comments: _____

Director of Special Education contacted? Yes No

Comments: _____

Director of Pupil Personnel Recommendation to Superintendent: Yes No

Superintendent Approval: Yes No

Comments: _____
