

REQUEST FOR TRANSFER FROM ONE SCHOOL TO ANOTHER SCHOOL
WITHIN THE PONCA CITY SCHOOL DISTRICT
SCHOOL YEAR _____

Check One: Resident Transfer Request Non Resident Transfer Request

Parent's Name: _____ Phone: _____

Address: _____ Cell Phone: _____

Child's Name: _____ Grade as of Sept. 1: _____

Now Residing In School Attendance Site: _____

Desiring Transfer to: 1st Choice _____ 2nd Choice _____ Site _____

Reason (Explain Below)

Parent's Signature: _____

Pre Approval Denied

_____ Date _____

Approved Denied Date _____

Superintendent/Designee Signature: _____

Reason Denied: _____

APPROVED TRANSFER GOOD FOR THIS SCHOOL YEAR ONLY.

PARENTS MUST PROVIDE OWN TRANSPORTATION FOR STUDENTS.

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