

FINANCIAL IMPLICATIONS: NONRESIDENT PUPILS WILL BE COUNTED IN ADA FOR STATE FUNDING

09.12 AP.21

Form to be used by NONRESIDENT students requesting admission.

Reason for Transfer _____

I UNDERSTAND THAT, IF APPROVED, THIS ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Date _____

Professional recommendation, if required _____

Date _____