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OUT OF FEEDER REQUEST FORM

DATE: _____

SCHOOL YEAR: _____

PARENT: Last Name: _____

First Name: _____

STUDENT: Last Name: _____

First Name: _____

Address: _____

City: _____ State: NY Zip Code: _____

Phone Number(s): _____

HOME SCHOOL: _____ REQUESTED SCHOOL: _____

GRADE: _____ Did student attend requested school previous year? YES ☐ NO ☐

Please indicate your reason for transfer request below:

Out of Feeder request approval is for **one school year only** and must be **submitted annually** in order to accommodate children who are zoned for the requested school first. If attendance, grades and/or behavior are not satisfactory, the approval may be revoked and the student will return to their home school.

Should my child be permitted to attend the requested school, I am willing to transport my child to and from the requested school during the school year stated above and I knowingly and voluntarily waive my rights to transportation that would otherwise be provided by the District.

☐ YES (I will transport my child.)

☐ NO (I need transportation for my child.)

Parent Signature: _____

Date: _____

-----ADMINISTRATIVE USE ONLY-----

Date Approved

Signature of Assistant Superintendent
for Administration & Information Systems