



Daren Lolkema • Assistant Superintendent for Administration & Information Systems  
25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x40131 • Fax (845) 896-1743

**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 belong in the requested school first, Out of Feeder Request Forms will be looked at and determined at the end of the school year or later. 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