



Daren Lolkema • Assistant Superintendent for Compliance & Information Systems
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DATE: _____ SCHOOL YEAR: _____

PARENT: Last Name: _____ First Name: _____

STUDENT: Last Name: _____ First Name: _____

ADDRESS: _____

CITY: _____ STATE: New York Zip Code: _____

HOME TELEPHONE: _____ Cell Phone Number: _____

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

APPROVAL REQUEST

Date Received: _____ Date Approved: _____

Signature of Assistant Superintendent For Compliance and Information Systems