

WHITE MOUNTAINS REGIONAL SCHOOL DISTRICT  
SAU #36  
14 KING SQUARE  
WHITEFIELD, NEW HAMPSHIRE 03598  
(603)837-9363

**REQUEST FOR STUDENT IN-DISTRICT TRANSFER**

This application is to be submitted to the Principal of the school in which the child normally would be enrolled.

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street or PO Box) (Town) (State/Zip Code)

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_

TRANSFER IS REQUESTED FROM \_\_\_\_\_ SCHOOL TO  
\_\_\_\_\_ SCHOOL FOR SCHOOL YEAR \_\_\_\_\_.

GRADE CHILD WOULD BE ENROLLED IN: \_\_\_\_\_

REASON FOR REQUEST (Use additional sheet if necessary):

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent of Schools