

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