

Greenfield-Central Policy C125

Application for Transfer of Non-Resident Student

Student Name: _____ Date: _____

Name of Parent/Guardian: _____ and/or _____

Permanent Address: _____ ZIP: _____

Township of Residence _____

Phone: _____ Email:(if applicable) _____

Name of School/School District Last Attended: _____

Greenfield-Central School Requested: _____ School Yr. Requested _____ Current Grade _____

Requirements Met:

_____ Student has met the Board established deadline.

_____ Grade level/school has ample capacity for this student.



_____ Request Granted

_____ Request Denied

Reason(s): _____

Parent/Guardian: _____ Date: _____

School Principal: _____ Date: _____

Superintendent: _____ Date: _____