

**OUT OF DISTRICT APPLICATION**  
**Martin Chard, Interim Assistant Superintendent**  
QUINCY COMMUNITY SCHOOLS  
1 Educational Parkway  
Quincy, Michigan 49082

Date of Enrollment \_\_\_\_\_

Student's Name \_\_\_\_\_ 2017/2018 Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Name of Resident School District \_\_\_\_\_ School Attended Last Year \_\_\_\_\_

Reason For Requesting Transfer (When submitting your request, state specific reason(s) and/or circumstances and special needs of your child. Use back of form if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Has Applicant Ever Been Expelled or During The Past Two Years, Been Suspended From School? \_\_\_\_\_

If Yes, Please Explain Reason For The Suspension(s) and/or Expulsion \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**NOTE: PARENTS WILL BE RESPONSIBLE FOR TRANSPORTATION OF STUDENT(S) WHEN APPROVED FOR INCOMING TUITION TRANSFER. OUT OF DISTRICT STUDENTS MUST REAPPLY AT THE BEGINNING OF EACH NEW SCHOOL YEAR.**

**RESIDENT DISTRICT OFFICIAL MUST VALIDATE THE REQUEST FORM IN ORDER TO ACTIVATE THE OUT OF DISTRICT APPLICATION PROCESS.**

Signature Resident District Superintendent \_\_\_\_\_

APPROVED:  DENIED:  DATE BOARD ACTION TAKEN: \_\_\_\_\_

Signature Of Enrolling District Superintendent \_\_\_\_\_

Signature Of Enrolling District Principal \_\_\_\_\_

Effective Date of Transfer \_\_\_\_\_ Transferred To \_\_\_\_\_ From \_\_\_\_\_