

2009-10 ACTION ON TRANSFER APPLICATION

Student: _____

Date of Application: _____

Application Submitted Under Majority-to-Minority Transfer Policy or Deemed to Qualify as Such:

Yes _____ **No** _____

Action On Application:

Approved _____ **Denied** _____

If approved, state policy reference (i.e., "JBCD, Sec. A2"): _____

Reasons Justifying Action:

Date of Action: _____

Date Parent/Guardian/Lawful Custodian Notified of Action: _____

Associate Superintendent (Signature)