



Haysville USD 261 Office of Superintendent
 1745 W. Grand Ave.
 Haysville, Kansas 67060
 316-554-2200

Student(s) Transfer Due to Classroom Student Numbers Being at Capacity

Parents Name: _____

Responsible Party, If Not Residing With Parent: _____

Address Where Student(s) Reside: _____

Name of Student(s), Grade of Student(s), Boundary School and School Receiving Student(s)

Name	Grade	Boundary School	Receiving School
1.			/
2.			/
3.			/
4.			/
5.			/
6.			/

Parent/Responsible Party Telephone: Day _____ Evening _____

I (Parent/Responsible Party) realize this transfer is for the remainder of the current school year and transportation provided by USD 261 to the Receiving School ends the last day of school for the current year. Next year my student(s) will be enrolled at the USD 261 School reflected by the student's District address.

 Parent/Responsible Party Signature Date

1 Copy for Parent/Responsible Party, 1 Copy for **each** School and 1 Copy for Transportation