

Request for	Attendand	e Transf	fer
School Year			

Complete this form if you reside in the PENNCREST School District and wish to apply for an attendance transfer to another PENNCREST school. It is the responsibility of the parent/guardian to provide transportation to and from school – or – to and from a designated bus stop established by the PENNCREST Transportation Department.

Student Name:		Grade		
Parent/Guardian:	Date of Request			
Address of residence:				
This address lies within the attendance area o	of (circle one)			
Cambridge Springs	Maplewood	Saegertown		
We are requesting an attendance transfer to_for the following reason:			be approved	
Academic opportunities not available in	n our attendance area			
Senior year to be completed in the scho	ool previously attended			
Moved during the school year, would li	ike to finish at the same schoo	ol		
Other reason of a compelling nature, p	lease detail below:			
Parent/Guardian Signature				
Please submit a copy of this application to bot communicated within one week of receipt of		d by this request. A c	decision will be	
ApprovedDenied	l Comments			
Principal's Signatures				