

**2024-2025**  
**Boundary Transfer Request**  
Registration Office

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

School Student is  
Currently Assigned to: ☐ Chesak Elementary (K-2) ☐ Conley Elementary (3-5) ☐ Heineman Middle (6-8)  
☐ Leggee Elementary (K-5) ☐ Mackeben Elementary (K-2) ☐ Marlowe Middle (6-8)  
☐ Martin Elementary (3-5)

School Student is  
Requesting to Attend: ☐ Chesak Elementary (K-2) ☐ Conley Elementary (3-5) ☐ Heineman Middle (6-8)  
☐ Leggee Elementary (K-5) ☐ Mackeben Elementary (K-2) ☐ Marlowe Middle (6-8)  
☐ Martin Elementary (3-5)

- ☐ I have presented Proof of Residency and my registration for the current school year was completed on \_\_\_\_\_.
- ☐ If this Boundary Transfer Request is approved, I understand that I must provide transportation for my child to and from school.
- ☐ If this Boundary Transfer Request is approved, I understand the approval will remain in effect until my child leaves the requested school.

I am requesting this School transfer because:

\_\_\_\_\_  
Parent / Guardian Signature Date Telephone Number

\_\_\_\_\_  
\*Initials if Submitting Electronically Date Telephone Number

To be completed by School District 158 Administrator: ☐ Approved ☐ Denied

Reason for denial if applicable: \_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature Date

\_\_\_\_\_  
Associate Superintendent's Signature Date