



Out of Boundary School Request

ISD 656 Employees Only

Please send completed form to Brenda Pittman

bpittman@faribault.k12.mn.us

EMPLOYEE Info

Name:		Phone:	
Address:		Building:	

STUDENT Info #1

Name:		Grade:	
DOB:		School Year:	
Boundary School:		School Request:	

STUDENT Info #2

Name:		Grade:	
DOB:		School Year:	
Boundary School:		School Request:	

STUDENT Info #3

Name:		Grade:	
DOB:		School Year:	
Boundary School:		School Request:	

Reason for Request:

OFFICE Use Only:

Approved

Denied

Superintendent Signature: _____ Date: _____