

REQUEST FOR RELEASE/TRANSFER FOR SCHOOL YEAR _____ - _____



Date: _____

I am requesting a transfer from the South Pike School District to the

_____ School District.

Reason for the Request to Transfer: _____

Parent's Place of Employment: _____

Student's Name: _____ Present School _____

Age: _____ Grade _____ Race _____ (Optional)

Student's Name: _____ Present School _____

Age: _____ Grade _____ Race _____ (Optional)

Student's Name: _____ Present School _____

Age: _____ Grade _____ Race _____ (Optional)

Student's Name: _____ Present School _____

Age: _____ Grade _____ Race _____ (Optional)

Parent's Name: _____

Legal Guardian's Name: _____

Other Adult/Custodial Person with Whom Child Lives: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Yes ___ No ___ Will this student be residing with someone other than the parent/legal guardian? Yes ___ No ___ Is this child presently enrolled in a Special Education Program? Yes ___ No ___ Is this student presently enrolled in a Title I Program? Yes ___ No ___ Is this student presently enrolled in a Gifted Program? Yes ___ No ___ Has this student been suspended or expelled from school? Yes ___ No ___ Has this student had excessive absences (over 10) for the year? Yes ___ No ___ Does this student require 504 accommodations? Yes ___ No ___ Does this student have a medical condition that requires special care or consideration? If yes explain: _____ _____
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I hereby certify that the information provided on this form is true and correct, and I give my permission to review records that would impact the above questions.

_____ Parent or Guardian

Office Use Only:

Board Action: Accept _____ Deny _____ Date _____

Board Action: Accept _____ Deny _____ Date _____
