

INTER/INTRA COUNTY STUDENT TRANSFER REQUEST FORM

Name of Student: _____

Address of Student: _____

Telephone Number: _____ Student's Grade: _____

Name of Parent/Guardian: _____

Regular Education: _____ Special Education: _____

Transfer From: _____ School To: _____ School

Reason for Requesting Transfer: _____

As the legal guardian, I assume full responsibility for transportation of my child to and from school during regularly scheduled days, early dismissal afternoons, and morning delays.

Signature of Parent

Date

Out-of-County MUST have a copy of release attached before this request will be considered.

All transfers are approved on a probationary status for one full grading period. All policies and procedures of the Wayne County Board of Education and receiving school must strictly be adhered to.

_____ Recommend Transfer _____ DO NOT Recommend Transfer

(Sending Principal (Transferor))

Date

_____ Recommend Transfer _____ DO NOT Recommend Transfer

(Receiving Principal (Transferee))

Date

_____ Recommend Transfer _____ DO NOT Recommend Transfer

(Superintendent of Wayne County)

Date