

ABERDEEN SCHOOL DISTRICT

P.O. Box 607 | Aberdeen, MS 39730

Phone: 662-369-4682 | Fax: 662-369-0987

Superintendent: Mr. Jeff Clay

TRANSFER | RELEASE Request Form

I am requesting the release of my child | children from the _____ School District to attend the _____ /School District for the _____ school year.

STUDENT(s) NAME	GRADE

Reason for Transfer Release Request:

Respectfully,

Parent | Guardian (**PLEASE PRINT**)

Date

Physical Address (**NO Post Office Box**)

Mailing Address (If different from physical address)

City | State | Zip

Email Address

Phone Number (Home | Cell)

Phone Number (Work)

FOR OFFICE USE ONLY

RELEASE FROM:	ACCEPTED BY:
_____ School District	_____ School District
_____ Date	_____ Date
By _____ Superintendent	By _____ Superintendent