



# Lemoore Elementary School District

## Certificated Transfer Request Form

**Due Prior to March 1st**

*CLAD or Comparable Certification is required for Transfer Request*

Last Name	First	Middle	Date:
Street Address			Home Phone:
City, State, Zip			Work Phone:

### PRESENT ASSIGNMENT

School	Grade/Subject
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### TRANSFER REQUEST (Be Specific)

School(s)	Grade(s)/Subject(s)

Reason for transfer request (will appear on transfer list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wish to be considered for a position that is less than full-time or has less time than the position you currently hold?      YES                       NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date