



### REQUEST FOR STUDENT TRANSFER

Please fill out this form completely.

Transfer Requested for  
School Year: 20\_\_ - 20\_\_

Name of Student \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Grade student will attend at the time of transfer: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MSIS # \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_

Parent Address: \_\_\_\_\_

**RELEASE IS REQUESTED:**

From: \_\_\_\_\_ District \_\_\_\_\_ School \_\_\_\_\_

To: \_\_\_\_\_ District \_\_\_\_\_ School \_\_\_\_\_

**REASON FOR REQUEST:**

Employee of \_\_\_\_\_ School District (Evidence): Employee of \_\_\_\_\_ City/Town/County (Evidence)

Other-explain extenuating circumstances: \_\_\_\_\_

I hereby make a request for student transfer as specified above. I verify that the information given is correct. I also understand that this transfer is revoked upon certain changes in status such as, change of address and/or termination of employment as indicated above. I agree to notify the sending and receiving district immediately of any change in address/status that may occur. I also understand that both districts are governed by policies that impose penalties for failure to comply with these provisions. I know that, if granted, the transfer is effective one school year only and that I must request a transfer each school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The parent is to complete this request for student transfer and mail or deliver to the Mississippi Achievement School District, 1133 Calhoun Ave, Yazoo City, MS 39194. Upon receipt, the student transfer form will be processed and distributed to the receiving district, sending district, enrolling school, and the parent. For information, please call 662.746.2125.

Pursuant to state law and approval by boards of trustees of both school districts, the transfer requested above is hereby acknowledged. Approval of the transfer will be made according to the policy of each school district. A copy of this form signed by officials from both school districts will serve to authorize enrollment in the school of the receiving district.

Sending District: \_\_\_\_\_, Superintendent: \_\_\_\_\_ Signature \_\_\_\_\_ Board Approved Date: \_\_\_\_\_

Receiving District: \_\_\_\_\_, Superintendent: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

