



SHERIDAN SCHOOL DISTRICT

DISTRICT ADMINISTRATION

400 NORTH ROCK STREET | SHERIDAN, AR 72150 | 870.942.3135 | WWW.SHERIDANSCHOOLS.ORG

Request for In-District Transfer

I formally request an in-district transfer for my student(s) for the _____ school year.

Student(s) Name(s) _____ Grade _____
_____ Grade _____
_____ Grade _____

I request my student(s) transfer from _____
current campus
to _____
requested campus

Parent Name _____

Address _____

City _____ State ____ Zip Code _____

Primary Phone Number _____

Secondary Phone Number _____

E-Mail Address _____

I understand that for my student(s) to be able to transfer, enrollment in the classes, grade level, or any special program of the receiving school must be able to accommodate my student(s) without adding faculty or facilities.

I understand that if transportation is not available through the district's existing bus routes and schedules, I will be responsible for transportation of my student(s) to and from school.

Signature of Parent (Guardian)

For additional information, contact Lincoln Daniels, Deputy Superintendent, at (870)942-3135 or by email at lincolndaniels@sheridanschools.org.

_____ Approved _____ Not-Approved

Deputy Superintendent Date ____/____/____