Date Received _____

BOYD COUNTY PUBLIC SCHOOLS

IN-DISTRICT REQUEST FOR TRANSFER OF STUDENT

_____ SCHOOL YEAR

From: _____ Elementary School

To: _____ Elementary School

Student's Name _____ Grade Entering _____

Address _____

Parent's Name _____ Telephone _____

Please state your reason(s) for requesting the transfer (Use back of sheet if needed):

Once the school principal determines accepted or not accepted, you as parent or guardian need to be aware that your child(ren) must maintain academic progress, good behavior and regular school attendance to be able to continue attending school in the Boyd County Public School System.

_____ _____

Signature of Parent or Guardian Date

Note: Requests for transfer of students must be made on an annual basis. A transfer for one year does not assure approval for successive years.

____ Approved

____ Disapproved

_____ _____

Signature of Home Principal Date

____ Approved

____ Disapproved

_____ _____

Signature of Receiving Principal Date

____ Approved

____ Disapproved

_____ _____

Signature of Superintendent Date

(revised 3/18/03)