

Enterprise City Schools

School Year: _____

Transfer Request

Date: _____

Student Name(s): (If request is for more than one student, list each one separately)

Last Name	First Name	Gender	Age	Grade

Name/Mailing Address of Person Completing Form:

Name: _____

Address: _____

City : _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School Zone Which Custodial Parents Live: _____

School to Which Student(s) Requests to Transfer: _____

State reason for requesting transfer (ex. employed by another school):

Relationship to Student: Check One

- Custodial Parent
- Other _____

By my signature I affirm that the information contained in the application is correct, and I understand that false representation of the facts will result in immediate denial of my request. I authorize Enterprise City Schools to obtain information concerning my request from any individual who may have knowledge of the circumstances involved.

Custodial Parent or Person Completing Form Signature: _____

Date: _____

(For Enterprise City Schools Use Only)

Category of Request:

- Custody
- Unique Situation
- Employee
- Approved
- Denied

Superintendent, Enterprise City Schools

Date

The following procedure will be used to process this application:

1. Submit application to the Superintendent of Education.
2. After review and evaluation of the application as deemed appropriate by the Superintendent or designated staff, the Superintendent will either grant or deny the application and notify the custodial parent of the decision.