

**FLEMING COUNTY SCHOOLS ATTENDANCE AREA TRANSFER REQUEST FORM**

**2019-20** Request for In-District Elementary Transfer: PARENTS, PLEASE COMPLETE THIS TOP SECTION COMPLETELY: DUE Feb. 1

Parent(s)/Legal Guardian(s) Name(s) \_\_\_\_\_  
*Parent/Guardian Last Name* *First Name*

Request Date: \_\_\_\_\_  
*Parent/Guardian Last Name* *First Name*

Physical Home Address (where student/s live/s) \_\_\_\_\_

Please fill in the chart for each child you are requesting a transfer for:

Student Full Name	Current Grade	Name of Current School Enrolled in:	Name of School requesting transfer to:	Is this New/Initial request to transfer? (Yes/No)	Is this an Annual Renewal request?(Yes/No)

State the reason/s for requesting this school change. Please give full details (if additional room is needed, please use the back of this form or attach additional pages. If you have any supporting documentation, please attach to this form.)

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I UNDERSTAND, IF APPROVED, THIS CHANGE IN SCHOOL ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

\_\_\_\_\_  
*Parent/Guardian Signature(s)* *Date*  
 Phone Number(s) \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO FLEMING CO. SCHOOLS SUPERINTENDENT'S OFFICE BY FEB. 1.**

**THE SECTION BELOW IS FOR SCHOOL USE ONLY.**

Request form received by \_\_\_\_\_  
*Fleming Co Schools Staff Signature and Title* *Date Received*

Physical Home Address is in \_\_\_\_\_ Elementary attendance zone.

Application  Approved  Denied Date \_\_\_\_\_  
 Comments: \_\_\_\_\_

Parent Notified  By Letter  By Phone Date \_\_\_\_\_  
 'Attendance Zone School' Principal Notified  Yes Date \_\_\_\_\_  
 'Requested School Principal' Notified  Yes Date \_\_\_\_\_

\_\_\_\_\_  
*Superintendent/Designee's Signature and Title* *Date*

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