

School Year _____

Form 6104

Shelby County Schools Request for Transfer

Name of Student _____
Last First Middle

Date of Birth _____ Race _____ Social Security Number _____

Name of Parent/Guardian _____
Last First Middle

Legal Address of Parent/Guardian _____
Number Street Home Phone _____

Day Time Phone _____
City State Zip

School Assigned _____ School Requested _____

Grade _____ Last School Attended _____

Does student receive Special Education services? Yes No Type _____

Does student have sibling currently attending school Yes No Name _____ Grade _____

If transfer is requested to take a subject not offered at the assigned school, what is the subject? _____

Is parent employed by Shelby County Schools? ____ Where _____

The parent/guardian's signature certifies that neither the student nor parent/guardian has been encouraged by any Shelby County employee to obtain a transfer to the above named school for the purpose of any athletic participation. The signature also certifies that all of the above information is correct.

Parent/Guardian's Signature

Date

Reason for request (use additional paper if needed)

Transfer requests should be mailed to Student Services, Shelby County Schools, 160 South Hollywood, Memphis, Tennessee 38112; delivered to Pupil Services at 130 Flicker Street; faxed to Pupil Services at 321-2660; or emailed to <hburton@scsk12.org>.