chool Year	Form 6008.2

SHELBY COUNTY SCHOOLS EMPLOYEE REQUEST FOR TRANSFER

Employee Location _			Curren	t Position_		
Name of Student) Ar : 1 11
	Last		First			Middle
Date of Birth	Race		SS#_			
Does this student reco	eive Special Educ	ation Services?	Yes	No	_Type	
Name of Guardian						
	Last		First			Middle
Legal Address of Parent/Guardian					Home #	
,	Number	Street				
					Day Time #	
City		State		Zip		
School Assigned			_School	Requested_		
Grade	Last Sch	ool Attended				
Employee Signature_					Date	
Signature of Immedia	te Supervisor					
Employment verificat If applying under emp					Date	

Transfer requests should be mailed to Student Services, Shelby County Schools, 2800 Grays Creek, Arlington, Tennessee 38002; delivered to Student Services 2800 Grays Creek; faxed to Student Services at 473-2660; or emailed to transfers@scsk12.org.