

PRESTON COUNTY SCHOOLS
REQUEST FOR IN-COUNTY ATTENDANCE TRANSFER

Student: _____ Age: _____ Date of Birth: _____

Father: _____ Mother: _____

Address: _____

Telephone: _____ Directions to Home: _____

REQUEST TO WITHDRAW FROM

Grade: _____ at _____ School

Reason for request: _____

(Please use back of form if additional space is needed.)

Date: _____ Principal Signature: _____

REQUEST TO ENROLL IN

Grade: _____ at _____ School

Principal Signature: _____ Date: _____ Approved: ___ Denied: ___

I understand and agree that this transfer is contingent upon the class size enrollment. Should this grade level exceed the maximum capacity of students enrolled from this attendance area at any time during the school year, it may be necessary for my child to return to the school in our home attendance area. I also agree to provide transportation as required by Preston County Schools' Policy 11-13.

Teacher grade book printout is attached for student requesting transfer.

Parent Signature: _____ Date: _____ Approved: ___ Denied: ___

Director of Special Education: _____ Date: _____ Approved: ___ Denied: ___
(If relevant)

Attendance Director: _____ Date: _____ Approved: ___ Denied: ___

Transportation Supervisor: _____ Date: _____ Approved: ___ Denied: ___