

TO # \_\_\_\_\_

Preston County Schools  
Out-of-County Transfer Form

Student Information

Student's Name: \_\_\_\_\_

School Student is Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact Information

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Transfer Request

County: \_\_\_\_\_ School Year: \_\_\_\_\_

Reason for Request (Attach additional pages if necessary):

Director of Special Education Signature: \_\_\_\_\_

Approved / Denied

Date of Board Meeting \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved / Denied