

**Kemper County School District  
Post Office Box 219  
DeKalb, MS 39328**

**Application for Student Transfer**

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Requesting transfer to \_\_\_\_\_ School District in grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REASON FOR REQUEST:**

[ ] Parent(s) employed by school district (Give parent(s) position/work location)

School \_\_\_\_\_ Position \_\_\_\_\_

[ ] Other

\_\_\_\_\_  
\_\_\_\_\_

**I understand that if this transfer is granted, that it is for one school year and must be renewed each year. The School Board is under no obligation to renew it for subsequent years. Transportation will be the responsibility of the parent.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

School District Use

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Education

\_\_\_\_\_  
Date