TRANSFER REQUEST OR RELEASE		OFFICIAL USE ONLY Approved (Annual renewal required) Denied Approved – (Renewal not required) **	
PRINT Full Name of Student		Gradeforschool year	
Birth date/ Sex	— [Proof of legal guardianship may be required	
Name of Parent/Legal Guardian		Phone (Cell)	
Phone (Home)		Phone_(Work)	
Address			
	City	County State Zip	
form. A release from your home school system is requ	uired for all out if request is ap of each semester County school 	system employee NO YES (Name as printed on paycheck & list work site)	
(Check One) This request is a:			
New	Continua	ntinuation for remainder of school year due to move	
Release from Caswell County	Intradist	rict (one school to another w/in Caswell County Schools)	
child is assigned to attend		school in county. This school (according to school assignment by address).	

** Annual renewal of this request is not required for intra-district transfers, but may be rescinded by the Superintendent if numbers in individual classrooms meet or exceed state levels or if other problems arise. All other releases require annual renewal

My signature verifies that I understand Board Policy on Student Transfers and that the information on this form is answered correctly and accurately.

I also understand that: 1)

- any attendance/tardy or behavior problems as well as any incorrect information on this form shall be reasons for the transfer privilege to be revoked;
- 2) the parent/legal custodian must provide transportation for all approved