



**Transfer Form  
Current Students  
Pre-K – Sixth Grade**

Office Use Only	
Date	_____
School	_____
Grade	_____
Teacher	_____

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_

If your child is registering for Kindergarten, did they attend an Anderson County or Clinton City Pre-K program? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMPORTANT – PLEASE READ AND SIGN**

- Your child will be enrolled in the school system that you requested provided space is available.
- Clinton City Schools shall have the right to deny any transfer request of a student who has a history of inappropriate behavior or attendance concerns.
- Clinton City Schools shall have the right to deny any transfer request of a student whose parents exhibit a lack of support for the Clinton City Schools philosophy, School Board Policies, and state and local assessment expectations.
- There will be no obligation for Clinton City Schools to provide transportation.
- School preference is not guaranteed.

*Your signature on this form indicates you understand and agree to the above guidelines.*

\_\_\_\_\_  
Parent/Guardian Signature Date

Choice of schools in preferential order:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FOR OFFICE USE ONLY

Transfer Accepted: \_\_\_\_\_ Transfer Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_