



Transfer Form New Students Pre-K – Sixth Grade

Office Use Only	
Date	_____
Time	_____
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 _____

School Last Attended: _____

Zoned School: _____

Reason for Request: _____

IMPORTANT – PLEASE READ AND SIGN

- Your child will be enrolled in the school system and in the school 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.
- A \$25 pre-registration fee must accompany all applications. This one-time registration fee is not refundable.
- School preference is not guaranteed.

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

Parent/Guardian Signature

Date

(Continue on back of page)

List choice of schools in preferential order:

1. _____
2. _____
3. _____

List full names of any brothers or sisters currently enrolled in Clinton City Schools:

1. _____ Grade _____ School _____
2. _____ Grade _____ School _____
3. _____ Grade _____ School _____

A complete application must include:

1. Completed Transfer Form (blue)
2. Completed Student Information Form (white)
3. Copy of student's Birth Certificate
4. Copy of student's Social Security Card
5. Copy of parent/guardian's Driver License
6. Up-to-date Tennessee Immunization Record
7. Copy of current Report Card

Kindergarten applications will be accepted without items 6 and 7.

FOR OFFICE USE ONLY			
Date: _____	Time: _____	Cash: _____	Check: _____
Check Number: _____		Amount: _____	
Person Making Payment: _____			
Receipt Number: _____			
Transfer Accepted: _____		Transfer Denied: _____	
Reason for Denial: _____			
Approved By: _____			Date: _____