

SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT REQUEST FOR STUDENT TRANSFER Please fill out completely

Name of pupil for wh Transfer is requested						
Transfer is requested	Last	First	Mid	ldle		
School student is currently attending			/C	urrent grade		
Grade student will at	tend at time of transfer	Ra	ice	Gender	Age	
Transfer is requested FROM			District		School	
ТО			District		School	
Name of Parent or Guardian making req	uest Last	First	t	Middle		
Address	C. D. 1		C':	G.		
Zip	Street or Route and	Box	City	Sta	te	
Home Phone		Work pho	one	C	ell	
I also understand that and/or termination of my status should char	request for transfer as spec this transfer is revoked up employment by the SCCS nge. I also understand that to comply with these provis	oon certain change D. I agree to notif both districts are	es in status suc fy the receivin	ch as change o	of address nediately if	
Parent/Guardian Signature:			Date _			
Consolidated School request form, we will all stakeholders. For Pursuant to (1) state I School District, the transport of the Approval for the	plete this Request for Stud District, 196 Martin Luthed I process the request accor additional information cal aw and (2) approval by the ransfer requested above is be e current school year only	er King Drive, Inc ding to district po 1 662 887-4919. e Board of Trustee hereby approved.	dianola, MS 3 licy and forw es of the Sunfl Disapproved	8751. Upon rard the final plower County	receipt of the paperwork to	
Signature-SCCSD Of	fficial Position	n	I	Date	_	

The receiving School District has been forwarded the necessary paperwork. The final approval will be made upon the receiving district's approved paperwork being returned to this district. At that time, a copy of the final paperwork will be provided to the requester accordingly.