

**Wilkinson County Department of Education**

Post Office Box 785 ♦ Woodville, Mississippi 39669

Mr. Chavis L. Bradford, Superintendent

601-888-3582—888-6085 Fax - 601-888-3133

**Request for a Wilkinson County School District Student to  
Transfer to Another School District - School Year: 2022-2023**

Name of Student: \_\_\_\_\_

Grade-Level (2022-2023): \_\_\_\_\_ Race: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Mississippi** Zip: \_\_\_\_\_

School District You are Requesting to Attend: \_\_\_\_\_

**Check (X) Qualifying Reason for Request:**

\_\_\_\_\_ The student’s parent/guardian is a full-time employee of the school district to which the transfer is being requested. Name of parent/guardian: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Job Assignment: \_\_\_\_\_

\_\_\_\_\_ The student is handicapped and/or requires services not available in the Wilkinson County School District.

\_\_\_\_\_ The student lives closer to a school in the transfer district than to a school in the Wilkinson County School District. [Note: The student’s “school” must be thirty miles or more from the student’s home (domicile).]

\_\_\_\_\_ Other. Specify: \_\_\_\_\_

**STATEMENT OF ASSURANCES**

As a resident of the Wilkinson County School District, I hereby request that the above named child be permitted to attend school within the district specified above pursuant to Section 37-15-29 or 37-15-31 of the Mississippi Code. In making this request, I certify that I am the parent or legal guardian of said child, and that said child resides with me full-time, weekdays and week nights. I certify that the information given is true and accurate. I understand that this transfer, if approved, can be revoked by the receiving school district if I have provided erroneous information, if there is a change in the status upon which I am making this application, or if there is “overcrowding.” I agree to notify the receiving school district of any changes that may affect the status of this request. Further, I understand that the Wilkinson County School District will not assume any financial obligations relating to my request for transfer to another school district.

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

Approved on: \_\_\_\_\_

Accepted on: \_\_\_\_\_

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Trustees of \_\_\_\_\_

Superintendent of Education  
Wilkinson County School District