**Wilkinson County Department of Education**

**Post Office Box 785 ♦ Woodville, Mississippi 39669**

**Mrs. Shemekia Rankin, 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: 2025-2026**

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

Grade-Level (2025-2026): **\_ \_ \_\_** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*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 weeknights. 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:

Denied:

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Superintendent of Education

Wilkinson County School District