

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: 2023-2024**

Name of Student: _____

Grade-Level (2023-2024): _____ 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: _____

Trustees of _____

Superintendent of Education
Wilkinson County School District