

**Coffeeville School District
Transfer Request for Employee's Dependents**

Date ____ / ____ / ____

I, _____, an employee of _____
School District request that my child, children be allowed to attend
_____ School District where I am employed for School
Year 2021-2022.

Name of Child/ Children:	Age	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent's

Telephone #

Physical Address:

Email Address

School District Name in which you live _____

For Office Use Only
Transfer approved by the Coffeeville School Board of Trustees on
_____.

By _____, Superintendent