



CALHOUN COUNTY SCHOOL DISTRICT

Student Transfer Request

School Year: _____

TRANSFER: Out of Zone Out of District New Request Request Renewal

Student's Name	Current School & District	Requested School & District	Grade Level During the Transfer Year	State Reason(s) for Requesting Transfer

Parent/Legal Guardian: _____ Email: _____

Address: _____ City/Zip: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Superintendent's Approval: _____ Date: _____

Approved Denied



CALHOUN COUNTY SCHOOL DISTRICT

Parent/Guardian Employment Verification

Student Transfer Request

This form is to be used to verify the employment of a parent/guardian who is requesting an inter-district student transfer on the basis of their being a full-time employee in another district. This form must be completed by the employing district and submitted with the Student Transfer Request Form.

Certification:

This is to certify that _____ is employed full-time for the 20__-20__ school year in _____ School District.

Signature of Certifying Official: _____

Title of Certifying Official: _____

Date: _____