

Marshall County Schools

In-City Transfer Request

Student Name: _____ Grade _____

School Currently Attending: _____

School Wishing to Transfer to: _____

I hereby request approval for my child to transfer to another Lewisburg school (as listed above) for the _____ school year. **Request should be submitted by June 1. No request will be accepted after the deadline of two weeks before the beginning of the current school year.**

Parent/Guardian Signature Date

Address

Reason for Transfer:

Principal review:

I/ we have reviewed this request.

Current School Principal Signature Approve / Deny Date

Receiving School Principal Signature Approve / Deny Date

Final Action:

Approved _____ Denied _____ Reason _____

Director of Schools / Attendance Supervisor Date