

Southwestern Consolidated School District of Shelby County

Student Admission Form for Out of District Transfer Request

Parent/Guardian Information	Student Information
Name _____ Address _____ (<i>NO P.O. box numbers ~ Must be a physical address</i>) City _____ Phone Numbers: Home: _____ Cell: _____ Work: _____ Email Address: _____	Name _____ (<i>As it appears on his/her birth certificate</i>) Current School District _____ Current School _____ Current Grade or Grade recently completed (summer registration): _____ Date of Birth _____

Transfer Request Date _____

Grade Placement Request: entering kindergarten to entering junior cohort _____

Other special request (if applicable): _____

The following items must be submitted to the Superintendent for transfer consideration. Please see the attached Student Admission Policy for additional information.

_____ Discipline Records

_____ Parent Signature _____ Date

The Southwestern Consolidated Schools are open to students regardless of age, race, color, religious affiliation, national origin, creed or ancestry, gender, marital status, limited English proficiency, and/or disability.

SWCSD Office Use Only

_____ Transfer Approved
 _____ Transfer Declined

_____ Superintendent _____ Date