

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 senior year _____

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

_____ Attendance 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