MITCHELL COUNTY SCHOOLS
APPLICATION FOR STUDENT TRANSFER

SCHOOL YEAR – 2009-10 ☐ New Request ☐ Continuing Request

Name of Student _____

Sex _____ Race _____ Age _____ Date of Birth _____

Name of Parent/Legal Guardian _____

Address _____

City/State Zip Code

Residence Phone (___) _____ Business Phone (____) _____ Student's SS# _____

REASON(S) FOR REQUEST (attach sheet if necessary) _____

Does this child have special education needs? ☐ No ☐ Yes If yes, specify _____

School Attended Last Year _____ Grade _____

School Presently Attending (if applicable) _____ Grade _____

School Requested for Reassignment _____ Grade _____

My signature below certifies that I have completely and accurately answered the information above. Should any of the responses change after completing this form, I will notify the school district immediately. I understand that if there is incorrect information or if I fail to notify the district as prescribed above, it shall result in revocation of assignment. I further understand that the district is under no obligation to furnish transportation for the student. I also understand the application is only for the year noted and must be requested annually. Further, it is understood that any attendance or behavior problems shall be sufficient cause to rescind and reassignment which may be granted.

_____ _____

Name of Parent/Legal Guardian (Please Print) Signature of Parent/Legal Guardian

Date of Request _____

I hereby release above named student from school _____

Principal's signature _____

I hereby accept above named student from school _____

Principal's signature _____

I do not release above named student from school _____

Principal's signature _____

Reason for not accepting student (attach sheet if necessary) _____

RETURN REQUEST TO:
Dr. Rick Spurling, Assistant Superintendent
72 Ledger School Road
Bakersville, NC 28705-9533

DATES FOR SUBMITTING APPLICATION REQUESTS ARE MAY 1 THROUGH AUGUST 1

FOR OFFICE USE ONLY:

☐ APPROVED Signature _____

Date _____

☐ DENIED Remarks _____