

**REQUEST TO TRANSFER WITHIN THE
 ST CLAIR COUNTY SCHOOL SYSTEM**

Name of Student		Social Security Number	
Current Address		Current School	
Mailing Address		School Zone/System	
City	State	Zip	School Desired to Attend
Race	Sex	Grade	Date of Birth

Does this student receive Special Education Services or Accommodations relating to a disability? NO
 YES – Please provide a description of services or accommodations
 (Use the back of this form or additional sheets, if necessary)

Name of Parent/Guardian (Print Clearly)		Home Phone	
Address		Work Phone	
City	State	Zip	Cell Phone

Please explain your reason(s) for requesting to enroll your child in a school other than the one for which he/she is zoned to attend. Use another page or the back of this form if needed.

 Signature of Parent/Guardian

 Date

Requests to transfer within the St. Clair County School System will be considered on an individual basis. The St. Clair County School System will not accept responsibility for transportation of any student(s) attending a school other than the one for which they are zoned within the St. Clair County School District.

St. Clair County School District Use Only	
<input type="checkbox"/> APPROVED	_____
<input type="checkbox"/> DISAPPROVED	_____
Date	Superintendent of Education