Office Use Only

Board Meeting Date _____
Approved (__) Yes (__) No

HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

TRANSFER APPLICATION FOR SY 2018-2019 (INTO/FROM DISTRICT)

All student transfers between school districts require the mutual consent of both school boards (MS Code 37-15-31). Transfers must be board approved prior the student transferring into/from district each school year.

PLEASE CIRCLE ONE: TRANSFER INTO DISTRICT TRANSFER FROM DISTRICT

Student Name: _____
Last First Middle

Name of Parent: _____

Address: _____
Street City State Zip

Telephone Number: _____
Home Cell/Secondary

Age: ____ DOB: _____ Gender: _____ Race: _____ Current School: _____

School Transfer Into/From:
___ Hazlehurst Elementary School ___ Hazlehurst Middle School ___Hazlehurst High School

Student is transferring from: School District Reason for Request: _____

_____

_____

_____ _____
Signature (Parent) Date

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Request Approved: _____ Request Denial: _____

Reason for Denial: _____

_____

_____

_____ _____
Superintendent Date