

HAZLEHURST CITY SCHOOLS

119 Robert McDaniel Drive

Hazlehurst, MS 39083

Phone Number: (601) 894.1152

Fax Number: (601) 894.3170

REQUEST FOR TRANSFER OF STUDENT INTO DISTRICT

(Complete one form for each child each year and submit all forms to Mr. James Reeves, Conservator, at 119 Robert McDaniel Drive, Hazlehurst, MS 39083, or deliver to the same address.)

Name of Parent: _____

Address: _____
Street City State, Zip

Telephone Number: _____
Home Cell/Secondary

Position at HCSD: _____

Place Employed: _____ Hazlehurst High School _____ Hazlehurst Elem/Middle School

Name of Student: _____

Age: _____ Grade: _____ (2009-2010 school year) Race: _____

Student is transferring from: _____ School District

Reason for Request: _____

Signature (Parent) Date

For Office Use Only

Request Approved: _____ Request Disapproved: _____

Reason for Disapproved: _____

Signature-Conservator/Superintendent Date