Pearl Public School District
Request for Student Transfer

Name of student for whom transfer is requested_____
Last First Middle

Current school district_____ **Current school**_____ **Current grade**_____

Grade student will attend at the time of transfer_____

Name of Parent/Guardian making request_____
Last First Middle

Address_____
Street City State Zip Code

Home Phone_____ **Cell Phone**_____

Specific Reason for Request (If PPSD Employee, list position and location)_____

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I am hereby making a request for transfer as specified above. I verify that the information given is correct. I also understand that this transfer may be revoked upon certain changes in status, such as change of address and/or termination of employment by PPSD. I agree to notify the district immediately if my status should change. I also understand that both districts are governed by policies that impose penalties for failure to comply with these provisions.

_____ _____
Parent/Guardian Signature **Date**

The completed form should be mailed or delivered to Pearl Public School District, Office of the Superintendent, 3375 Highway 80 East, Pearl, MS 39208. Upon receipt of the completed form, the request will be presented to the Board of Trustees of Pearl Public School District for consideration at its next scheduled meeting. Notification of the Board's decision will be mailed to the address listed above.

FOR OFFICE USE ONLY:

_____Approved _____Denied

Comments

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_____ _____
PPSD Administrator Signature **Date**