

GRAVES COUNTY SCHOOLS

Application for Change in School Assignment and Participation in Open Enrollment Transfer

Request Effective for School Year: _____ Grade: _____

Student's Name: _____
Last First Middle

Home Address: _____
Street City/State/Zip

Phone Number: _____ Date of Birth: _____

Parent/Guardian Name: _____

District of Student's Home Address: _____

Student's Current/Previous School: _____
Name of School Phone Number

Transfer Request School Choice 1: _____

Choice 2: _____

I understand that by signing this form, I am making a commitment for my child to attend the requested school for the upcoming school year. I understand that it is my responsibility to provide transportation to the transfer school. Additionally, I understand that my child's continued placement in that school is contingent upon his/her good attendance and promptness to school, as well as good behavior. By signing below, I give the Graves County School District permission to obtain previous school records.

Parent/Guardian Signature

Date

Principal Signature

Date

Director of Pupil Personnel Signature

Date

Office use only: Approved _____ Denied _____ Comments _____