

Warren County Schools

School of Choice Transfer Request Form

Student Name: _____ Date: _____

Current School: _____ Current Grade: _____

Number of Earned Credits: _____ Number of Credits in Progress: _____

Student is requesting to transfer to: _____

1. School Conference Date (s) (list below):

2. Why is this request being made (please explain below):

3. What steps have been made to resolve the problem or issue leading to this transfer request (please explain below):

4. How do you think a transfer to another school will resolve the issues or problem? Explain below:

Student Signature

Date

Parent Name

Date

Parent Address

City

State

Zip

Parent Telephone Contact Information

Parent Signature

Date

Principal

Date

Date Received by Superintendent's Office: _____