

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):

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

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

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

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Student Signature

Date

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Parent Name

Date

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Parent Address

City

State

Zip

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Parent Telephone Contact Information

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Parent Signature

Date

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Principal

Date

Date Received by Superintendent's Office: \_\_\_\_\_