

Blount County Schools
School Transfer Request Form

School of Residence: _____

Request to Transfer to: _____

Student Name: _____

Parent/Guardian Name: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Student Grade Level: _____

Current Blount County Student: (circle) Yes No

Please attach a copy of last report card (transcript for grades 9-12), attendance record, and discipline report.

Reason for Transfer: _____

I, the undersigned, understand that the receiving principal will review this request and make a decision based upon criteria outlined in Blount County School Procedures for Student Transfers. The principal or his designee will contact the parent/guardian with a reply to this request in a timely manner.

If approved, I understand that I will have to provide transportation to and from school and that the student must maintain satisfactory attendance, behavior, and be making adequate academic progress to remain in the school. If the above conditions are not met, the student may be reassigned to their home school at the discretion of the principal.

Parent/Guardian
Signature: _____ Date: _____

For Office Use Only:

Transfer: (circle) Granted Not Granted Parent Notified by: (circle) Letter Phone

Principal's Signature: _____ Date: _____