

McComb School District
695 Minnesota Avenue
McComb, MS 39648
Fax # 601-249-4730

REQUEST FOR STUDENT TRANSFER – Please fill this form out completely

School Year 20____ - 20____

From Another School District _____
To Another School District _____

Parent's Name _____ Student's Name _____
Last First Middle

Address _____
Street City Zip

Grade student will attend at the time of transfer _____ Age _____ Date of Birth _____

Name of school student is attending/attended last school year _____

Primary Phone # _____

RELEASE IS REQUESTED:

From _____ District _____ School _____

To _____ District _____ School _____

REASON FOR REQUEST:

30 Miles + rule _____

McComb School District Employee: Yes _____ If yes, Position _____ Location _____

No _____ If no, extenuating circumstances: _____

I am hereby making a request for student transfer as specified above. I verify that the information given is correct. I also understand that this transfer is revoked upon certain changes in status such as, change of address and/or termination of employment by the receiving district. I also understand that both parties are governed by policies that impose penalties for failure to comply with these provisions. I know that, if granted, the transfer is effective for one school year only and that I must request a transfer each school year.

Signature _____ Date _____

The parent is to complete this request for student transfer and mail or deliver to the McComb School District, 695 Minnesota Avenue, McComb, MS 39648. Attention: Cederick Ellis, Sr. Upon receipt the student transfer form will be processed and copies distributed to the receiving district, sending district, enrolling school and the parent. For more information please call 601-684-4661.

***** \$ 250.00 Student tuition *****Non-Refundable

FOR OFFICE USE ONLY:

Sending District _____
Signature Position Date

Approved _____ Denied _____

Receiving District _____
Signature Position Date

Approved _____ Denied _____