

TRANSFER REQUEST

Date: _____

Sabine Parish School Board
695 Peterson Street
Many, LA 71449
(phone) 318-256-9228 (fax) 318-256-0105

Dear Mrs. Cosio,
Please consider transferring the following student(s):

Student's Name	Grade <small>For 2012-2013 school year</small>	Special Education	Date of Birth	Race	Gender	SCHOOL WITHIN ATTENDANCE ZONE (transfer from)	SCHOOL TO WHICH TRANSFER IS REQUESTED (transfer to)
		Yes/No			M/F		
		Yes/No			M/F		
		Yes/No			M/F		
		Yes/No			M/F		
		Yes/No			M/F		

School presently attending: _____ Transfer last year: (Yes , No , or 1st Year in Public School)

Name of Parent/Guardian: _____ Physical Address _____

Mailing Address: _____ Former Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Reason for requesting transfer: _____

Pursuant to 28 U.S.C. § 1746(2), I declare *under penalty of perjury* that the foregoing is true and correct. I have read and understand the regulations, which are posted on the SPSB website, regarding “transfers” in Sabine Parish.

Executed on _____, 20____

Signature of Parent or Guardian

FOR OFFICE USE ONLY

_____ Approved:

Child Welfare and Attendance Officer

Denied:

Superintendent