

# Walthall County Schools

**Wade Carney**  
**Superintendent of Education**

**Phone 601-876-3401**  
**Fax 601-876-6982**

## Application for Interdistrict Transfer(s)

(In or Out of Walthall County School District)

We/I, the undersigned parent(s) or legal guardian(s) of the child/children listed below, request transfer of said child/children from the \_\_\_\_\_ School to the \_\_\_\_\_ School for the \_\_\_\_\_ / \_\_\_\_\_ year.

This is a first time request: Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name	Student ID (Office Use Only)	Grade	Age	Sex	Race	Reason #

This transfer request is for the following reason(s):

1. Participation in a specialized academic, vocational or special education curriculum or sequence of courses not taught in the resident school district. Involvement in extracurricular activities, standing alone, shall not be considered a sufficient reason for a transfer.
2. The health or safety of the student is in jeopardy. To verify the health purpose, a letter from a medical doctor certifying the condition of the student will be required to be submitted to the Walthall County Superintendent. A statement signed by the parent setting forth the potential harm to the student and approval by the Superintendent of the receiving district will be required to verify the safety purpose.
3. Transfers may be granted to allow the provision of child care, day care or after-school services if both parents work or if the single parent works, and the parent(s) certifies that no suitable child care, day care or after-school program is available at a site located within the resident school district.
4. The student's parent is employed by the Walthall County School District.

We/I, the undersigned parent(s) or legal guardian(s) certify that all information provided for the completion of this form is true and correct. Providing of false information shall be grounds for denial of this request. I/We also understand that bus transportation will not be provided by the Walthall County School District for transfers pursuant to this request.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone

School Board Action:

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

\_\_\_\_\_  
Superintendent of Education

\_\_\_\_\_  
Date of School Board Action