

Walthall County Schools

Wade Carney
Superintendent of Education

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

Application for Intradistrict Transfer(s)

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. The health or safety of the student is in jeopardy, and a transfer to the receiving school is necessary to ameliorate the medical or security risks arising from the student's condition (hereafter the "Health/Safety Exception"). No application for a transfer pursuant to the Health/Safety Exception shall be granted unless the student submits a signed letter from a medical doctor setting forth the circumstances that render the transfer necessary.
2. The student requires a transfer due to a substantial non-medical hardship (hereafter the "Substantial Hardship Exception"). No application for a transfer pursuant to the Substantial Hardship Exception shall be granted unless the student submits detailed documentation from a doctor or other authority who can confirm the hardship, and explain how the hardship will be ameliorated by a transfer to the requested school.
3. The student's parent is a full-time employee at the receiving school; or
4. The student is transferring from a school where he/she is in the racial majority to a school where he/she is in a racial minority.
5. The student attends a school identified for school improvement, corrective action, or restructuring under No Child Left Behind, and requests a transfer to another District school that does not have this status. On an annual basis, the District may approve these transfers if the United States and the District stipulate in writing that the transfers do not contravene the District's legal obligation to eliminate the vestiges of its prior dual system.

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