

# Southwestern Consolidated School District of Shelby County

## Student Admission Form for Out of District Transfer Request

Parent/Guardian Information	Student Information
Name _____ Address _____ <i>(NO P.O. box numbers ~ Must be a physical address)</i> City _____ Phone Numbers: Home: _____ Cell: _____ Work: _____ Email _____ Address: _____	Name _____ <i>(As it appears on his/her birth certificate)</i> School District of Residence _____ Current School _____ Grade recently completed: _____ Date of Birth _____

Today's Date \_\_\_\_\_

Placement request for this school year: Kindergarten – Junior Cohort \_\_\_\_\_

The following item must be submitted to the Superintendent for transfer consideration.  
 Please see the attached Student Admission Policy for additional information.

\_\_\_\_\_ Transcripts and/or copy of permanent record with history of grades

\_\_\_\_\_

Parent Signature
Date

**The Southwestern Consolidated Schools are open to students regardless of age, race, color, religious affiliation, national origin, creed or ancestry, gender, marital status, limited English proficiency, and/or disability.**

**SWCSD Office Use Only**

\_\_\_\_\_ Transfer Approved  
 \_\_\_\_\_ Transfer Declined

\_\_\_\_\_

Superintendent
Date