

Laurens County Schools
Student Transfer Request Form

1. Student's Name: _____
2. Student's Address: _____

3. School System & School from which student is transferring:

4. School student desires to enter: _____
5. Reason(s) for request:

6. Student is in good standing: _____ Yes _____ No (check one)

I do hereby authorize release of student records and I understand falsification of any information is basis for rejection of transfer request; and I agree to an interview with the principal of the school my child wants to attend.

Date Interviewed by Principal: _____/_____/_____

Certification of Transfer Approval: _____ Approved

_____ NOT Approved

Parent's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____