



Date Received _____

BOYD COUNTY PUBLIC SCHOOLS
IN-DISTRICT REQUEST FOR TRANSFER OF STUDENT
_____ SCHOOL YEAR

From: _____ Elementary School
To: _____ Elementary School

Student's Name _____ Grade Entering _____
Address _____
Parent's Name _____ Telephone _____
Please state your reason(s) for requesting the transfer (Use back of sheet if needed):

Once the school principal determines accepted or not accepted, you as parent or guardian need to be aware that your child(ren) must maintain academic progress, good behavior and regular school attendance to be able to continue attending school in the Boyd County Public School System.

Signature of Parent or Guardian Date _____
Note: Requests for transfer of students must be made on an annual basis. A transfer for one year does not assure approval for successive years.

____ Approved
____ Disapproved

Signature of Home Principal Date _____

____ Approved
____ Disapproved

Signature of Receiving Principal Date _____

____ Approved
____ Disapproved

Signature of Superintendent Date _____