SWAIN PUBLIC SCHOOLS

PO Box 2340, Bryson City, NC 28713

Telephone: 828-488-3129 Fax: 828-488-8510 REQUEST FOR STUDENT TRANSFER/REASSIGNMENT

Name of Parent or Legal Guardian	n					
Physical Address:		City: _	Sta	ite:	Zip Co	ode:
Mailing Address:		City: State: Zip Co		de:		
Home Telephone:Child's Name:	Cell Telephone:		Work Telephone:			
Child's Name:	Gra	ade:	DOB:	·	Male	Female
Child's Name:	Gra	ade:	DOB:		Male	Female
School district in which you curre	ently reside:	Grad	e:			
School to which transfer is being	requested:					
If request is approved, date to be	enrolled:					
Reason for request (If more space	e is needed, attach a letter):				
I understand that this request is transportation to and from that transported by bus to and/or f significant way from an establic Transportation for Out of Distr Also, if request is to transfer from	at school unless I requestrom a location other to the shed route within the residual Assignment.	est and ar than home requested s m, release	n granted permission f and such request does school district. You must must be obtained from t	or the above not require st complete	ve named re a bus a Reque	l child(ren) to to deviate in a st for School I superintenden
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