

**MSD OF MT. VERNON
ELEMENTARY STUDENT TRANSFER REQUEST**

Parent(s) Name: _____ Date: _____
Street Address: _____ Telephone: _____
City, State, Zip: _____ Student's Grade Level for 2022-23 school year: _____
Student(s) Name: _____

Last year, my child(ren) attended the following elementary school:

☐ Farmersville ☐ Marrs ☐ West

I currently live in the following elementary school district:

☐ Farmersville ☐ Marrs ☐ West

I request approval for my child(ren) to attend the following elementary school:

☐ Farmersville ☐ Marrs ☐ West

I submit this request because: _____

I understand that your approval of this transfer request will be for **the 2022-23 school year only** and will be based upon the following conditions:

1. I will be responsible for the student(s) transportation to and from school.
2. There is space available in the school to receive the student(s).
3. The student(s) maintains a satisfactory attendance record, good behavior, and academic progress.

I understand I will not receive a response to this request until early August when the district has accurate enrollment information to make a decision. Return this completed form to the school you want your student(s) to attend.

Parent(s) Signature: _____ Date: _____

Receiving Principal's recommendation: ☐ approved ☐ denied
This request is a: ☐ continuing request ☐ new request

Receiving Principal's Signature: _____ Date: _____

This transfer request is: ☐ approved ☐ denied

Superintendent's Signature: _____ Date: _____

cc: _____, Principal _____, Parent(s)
_____, Principal