MOBILE COUNTY PUBLIC SCHOOL SYSTEM
DIVISION OF STUDENT SUPPORT SERVICES

2004-05 ATTENDANCE ZONE TRANSFER REQUEST

_____
Date

Check type of transfer for which you are applying: **HARDSHIP _____** **MAJORITY TO MINORITY _____**

STUDENT INFORMATION:

Social Security # (required) _____ **Next Year's Grade Level (2004-05):** _____

Name _____
(Last) **(First)** **(Middle)**

Date of Birth: _____ / _____ / _____ **Age:** _____ **Sex:** _____ **Race:** _____

SCHOOL INFORMATION:

School zone in which your child lives: _____

School in which you want your child to attend: _____

School your child attended during the 2003-04 school year: _____

REASON FOR REQUEST (Check one)

_____ **NEW REQUEST: Why does your child need to attend this school?**

_____ **CONTINUATION: Why does your child need to remain in this school? (*DO NOT WRITE "CONTINUATION" AS YOUR REASON; GIVE DETAILED EXPLANATION*).**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Additional space available on back of this form)

FAMILY DATA:

Student lives with: Father: _____ **Mother:** _____ **School Guardian:** _____ **Legal Guardian:** _____

Address: _____
Street **City** **Zip Code** **Home Phone** **Work Phone**

Print Parent's Name: _____

Parent's Signature: _____

THE TRANSFER PERIOD FOR THE 2004-05 SCHOOL YEAR IS APRIL 26 - JUNE 25, 2004
SEE TRANSFER PROVISIONS ON BACK
ANY FALSIFIED INFORMATION WILL VOID THIS REQUEST