

Vicksburg Warren School District
1500 Mission 66 / Post Office Box 820065
Vicksburg, MS 39182
Phone: 601-638-5122
Fax: 601-631-2819

APPLICATION FOR STUDENT INTRADISTRICT TRANSFER

(Students must be enrolled in the VWSD to request a zone transfer.)

Name of student: _____ Present Grade Level: _____

School zone in which you presently reside: _____

School zone requested for transfer to: _____

Name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Length of Time at this address? _____ Phone Number: _____

Reason(s) for Request for Transfer (Check ONE and Explain Reason for Request; Attach Appropriate Documentation):

- The parent or legal guardian has moved and the place of residence is now located outside the attendance boundary of the student's assigned school, but remains within district boundaries and completion of the current school year in the student's best interest;
- Special Hardship or Detrimental Condition affecting the student or his/her immediate family which would be alleviated as a results of the transfer. "Special" means a circumstance or factor which has a harmful effect on the student or his/her immediate family, and is not restricted to a financial, educational, safety or health condition;
- Parent or legal guardian is an employee of the Vicksburg Warren School District or Business/Industry Partner of the Vicksburg Warren School District

Name of school/industry/business where employed: _____

Current Job Assignment: _____

School/Industry/Business phone number: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Do Not Write Below This Line ♦ Office Use Only

Transfer Request:

- [] Approved
- [] Denied

Reason for Disapproval, if applicable:

- [] Lack of Space
- [] Inadequate Verification Documentation
- [] Inappropriate/Inadequate Reason Given
- [] Other

By: _____
Superintendent of Schools, or Designee

Date: _____