



Anderson County Schools
 101 South Main Street, Suite 505
 Clinton, Tennessee 37716
 Office: (865) 463-2800, x 2823
 Fax: (865) 457-3055

Transfer Application for School Year _____

Anderson County School Board Policy requires that all applications for transfer be submitted in writing by the parent/guardian and must include all information requested. This form and the supporting information may then be submitted to the requested school's principal who will inform the parent of approval or denial of the transfer in a timely manner. Parent/guardians must complete the normal registration process if the application is approved.

Anderson County School Board procedures for transfer require all transfer applications be submitted between April 1 and May 1 prior to the school year the parent/guardian wishes to enroll the student. For a student to be considered for transfer, the following conditions must be met:

- Student must have a "c" or better average in all coursework
- Student must have 95% attendance for the previous year
- Student may have no more than three disciplinary referrals during the previous year

Parents are cautioned that providing any false information will result in the denial of this request.

The following information MUST be submitted with the initial transfer application:

Current school grades, attendance and discipline reports.

Once a transfer is approved, the approval will remain in effect the following years **IF**:

- the parent/guardian indicates the choice to renew on this form and updates the address each year.
- the above conditions for transfer continue to be met by the student.

Check one: Out of Zone Transfer Request - zoned Anderson County School: _____

Out of System Transfer Request – zoned school district: _____

Check one: This is a new transfer request. This is a renewal.

SCHOOL STUDENT WISHES TO ATTEND: _____

Grade Level (next year's grade, not current grade level): _____

Student's full name: _____

Parent/Guardian: _____ Phone: _____

STREET ADDRESS
 (E-911 address or physical residence)
 of parent/guardian of student:

POSTAL MAILING ADDRESS
 of parent/guardian of student:

Street: _____

Street: _____

City: _____ Zip Code: _____

City: _____ Zip Code: _____

Parent/Guardian Signature _____

Date submitted _____

INFORMATION BELOW TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

This transfer request is:

Approved

Denied for the following reason(s): Poor Grades Poor Attendance Poor Behavior
 Lack of Space Other (list) _____

School Official's Signature _____

Date _____