



Request for In-District Student Transfer

Elementary Schools Only

Please provide the following information and return the completed form to Arlington Community Schools, Student Services, 12060 Arlington Trail, Arlington, TN 38002. **All fields must be completed in order for this application to be processed.**

Grade Level _____

Student's Full Name: _____

Legal Parent/Guardian Name: _____

Phone Numbers: Home _____ Cell: _____

Street Address: _____ Email: _____

City: _____ County: _____ State: _____ Zip: _____

Current School Assignment: _____

Desired School Assignment: _____

School Zoned to Attend: _____

This information is used for planning purposes only.

Check if served by: _____ Special Education _____ 504 _____ ESL

If Special Education, list services currently provided (ex., Co-teaching, resource, SLP, OT, etc.): _____

Reason for the transfer request: _____

ACS Board Policy 6.206 governs transfer requests.

If my request is granted, I understand that my child's renewal for the following year(s) depends on satisfactory attendance, academic effort, conduct, and that I will be responsible for transportation to the requested school. I certify that all information provided is true and correct and I am the legal parent or guardian of this child.

I have read ACS Board Policy 6.206 prior to completing this application and agree to the terms for initial and continued admission.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date