

**HANCOCK COUNTY PUBLIC SCHOOLS
STUDENT REQUEST FORM
IN COUNTY / OUT OF COUNTY TRANSFER
20___-20___**

Employee _____ Non-Employee _____
(Please check one)

STUDENT NAME: _____

BIRTHDATE: _____ AGE: _____ GRADE LEVEL FOR THE ABOVE SCHOOL YEAR: _____

PARENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER:(Home) _____ (Work) _____

PRESENT SCHOOL DISTRICT: _____

REQUEST TRANSFER TO: _____

Is your child currently receiving any type of Special Education services Yes No
(Circle One)

If yes, please specify program you child is in _____

REASON(S) FOR REQUEST: _____

I have read and received a copy of the Transfer Guidelines

Parent / Guardian Signature

Return or mail this form to: Nick Boling, Director of Student Services
Hancock County Schools, 83 State Route 3543, Hawesville, KY 42348

FOR CENTRAL OFFICE USE ONLY

Date Received at Central Office _____ Approved () Disapproved ()

Comments: (Central Office): _____

Approved by Director of Student Services

Approved by Principal