## BESSEMER CITY SCHOOLS

REQUEST FOR:	INTRADISTRICT INTERDISTRICT EMPLOYEES	(within) (outside)	DATE	
NAME OF STUDENT			DATE OF BIRTH	
			TELEPHONE NUMBER	
SPECIAL EDUCATION	EXCEPTION	NALITY	SS#	
HAS STUDENT	BEEN WITHDRAWN     ANY PENDING DISCIPLING	NARY ACTIONS	2) BEEN EXPELLED	
NAME OF PARENT OF	R PERSON HAVING LEGAL C	USTODY		
ADDRESS OF PARENT	OR PERSON HAVING LEGA	L CUSTODY		
CITYSTATE		STATE	ZIP	
STUDENT'S LEGAL SCHOOL ZONE				
			SYSTEM	
INTERDISTRICT TRA	TRANSFER IS VALID FOR T NSFERS ARE APPROVED B BLE CONDUCT AND ATTEN	ASED ON SPACE A	SCHOOL YEAR AVAILABLE IN THE SCHOOL REQ	ONLY. UESTED
		ADDRESS OF I	PARENT/RESPONSIBLE PARTY	ZIP
		TELEPHONE N		
APPROVED	•	PARENT MUST PROVIDE TRANSPORTATION		
SCHOOL ASSIGNED_		THROUGH		
REASON FOR THE BO	ARD OF EDUCATION DECIS	SION:		
DATE				

SIGNATURE OF THE SCHOOL OFFICIAL FOR THE COMMITTEE ON TRANSFERS