

HARDEMAN COUNTY BOARD OF EDUCATION

**TRANSFER OF STUDENTS
FROM RESIDENT ZONE TO ANOTHER ZONE**

Name of School in Resident Zone: _____

Name of School to which transfer is requested: _____

Name of Student: _____ Race: _____

Grade of Student: _____

Name of Parent/Guardian: _____

Address: _____

I hereby request that my child be permitted to transfer from
_____ school zone to _____
school zone, because:

Signature of Parent/Guardian

APPROVED:

Chairman of Board of Education

Director of Schools

Date: _____