

# Fentress County Transfer Request

Date: \_\_\_\_\_

\_\_\_\_\_ In-County    \_\_\_\_\_ Out-of-County

<u>Student Name(s)</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employer**

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**In-County Request:**

Current School \_\_\_\_\_

Requested School \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

\_\_\_\_\_

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**Out-of-County Request:**

Current School \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Requested School \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

\_\_\_\_\_

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**Director of Schools Approval**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Rejected

\_\_\_\_\_  
*Mike Jones, Director of Schools*