



**Petition for In District Transfer of Student
Whose Parent is an Employee of
Jackson County School District**

I hereby request that _____, in grade _____, residing with me in the Jackson
County School District attending _____ be given permission to
attend _____ during the 20__ - 20__ school year.
Student Name
(name of Jackson County school transferring from)
(name of Jackson County school transferring to)

Reason for the Request

Printed Name of Parent or Guardian

Signature of Parent or Guardian

School: _____

Position: _____

Date: _____

Work Phone Number: _____

Principal

Assistant Superintendent

I, Dr. John Strycker, Superintendent, hereby grant the In District Transfer requested above based on the information provided by the parent or guardian.

Witness my signature this the _____ day of _____, 20__

Superintendent