

APPENDIX H TRANSFER REQUEST

SOUTHGATE COMMUNITY SCHOOL DISTRICT

TRANSFER REQUEST FOR THE ____ - ____ SCHOOL YEAR

Due: April 1, 20____

NAME _____

PRESENT BUILDING _____

PRESENT ASSIGNMENT _____

SENIORITY NUMBER _____

CERTIFICATION & ENDORSEMENTS _____

PLEASE CHECK APPROPRIATE BOX(ES)

I request a transfer to:

____ Elementary ____ Middle School ____ High School

I request a transfer to grade(s): (Check all that apply)

____ K ____ 1 ____ 3 ____ 5

____ RR ____ 2 ____ 4 ____ 6

I request a transfer to teach _____

Subject Matter(s)

I request a transfer to grade(s): (Check all that apply)

____ 7-8 ____ 9 ____ 10-12

Other _____

I understand that after April 1, 20____, this transfer request cannot be withdrawn and if my transfer is granted, it is binding on me.

Signature

Date

Original: Asst. Superintendent/Personnel Office

Copy: UTS Staffing Chairperson