

**ROBERTSON COUNTY SCHOOLS  
REQUEST FOR SCHOOL TRANSFER**

Request for school year \_\_\_\_\_  
Request must be approved annually

☐ Employee (principal  
signature required)

☐ Other Reason

Student Name \_\_\_\_\_

Ethnicity Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Race (check all that apply) American Indian/Alaskan Native \_\_\_\_\_ Pacific Islander/Native Hawaiian \_\_\_\_\_  
Asian \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_

911 Address (parent/guardian) \_\_\_\_\_

Contact numbers (parent/guardian) \_\_\_\_\_

Student's Age \_\_\_\_\_ Grade (year requested) \_\_\_\_\_

Does your child have a IEP or 504 \_\_\_\_\_

School presently attending \_\_\_\_\_ Have you previously requested OOT? \_\_Yes \_\_No

School assigned by virtue of residence \_\_\_\_\_

School to which reassignment is requested \_\_\_\_\_

Reason for request (check one)

☐ 1. Students of actively employed faculty/staff (School where employed: \_\_\_\_\_)

Principal signature is required below.

☐ 2. Safety of the Student -- documentation from building principal, DCS, and/or law enforcement required

☐ 3. High School Course of Study -- documentation from building principal and/or Curriculum, Instruction, and  
Assessment Department of the Central Office required

☐ 4. Hardship Transfer—documentation from principal, medical provider, psychologist/psychotherapist  
required

**Requests made for any other reason and requests lacking documentation will be denied.**

By signing below, you verify that you are the legal guardian of this student and that the information you have submitted is true  
and correct. Additional documentation may be required.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR ROBERTSON COUNTY SCHOOLS OFFICE USE ONLY

Student ID Number (Local) \_\_\_\_\_

Action Taken Granted \_\_\_\_\_ Denied \_\_\_\_\_

Reason Granted \_\_\_\_\_ ☐ additional documentation attached

Reason Denied \_\_\_\_\_ ☐ additional documentation attached

Parent Notified (by letter) Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Director/Designee Signature

Date

Principal Signature (if applying Reason 1)

Date

Revised 2.12.2021

The Robertson County School System does not discriminate on the basis of race, color, national origin, sex, disability, age, religion or marital status, in training, activities or employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Acts of 1997 and 2004.