RANKIN COUNTY SCHOOL DISTRICT
2025-2026 REQUEST FOR STUDENT TRANSFER
ALL APPLICATIONS MUST BE REVIEWED ANNUALLY

Name of student

LAST	FIRST	MIDDLE

Eligible School is the school the child would attend according to your home address.

Eligible School _____ Current Grade _____

Grade student will attend at time of transfer _____ Race _____ Gender _____ Age _____

Transfer is requested FROM

DISTRICT	SCHOOL

TO

DISTRICT	SCHOOL

Custodial Parent or Guardian making request

LAST	FIRST	MIDDLE

Address

STREET OR ROUTE AND BOX	CITY	STATE	ZIP

Contact

HOME PHONE	WORK PHONE	CELL

Is the student receiving special services?

Gifted   Yes   No   SPED   Yes   No   Speech   Yes   No   ELL   Yes   No   504   Yes   No

Reason for request

I am hereby making request for transfer as specified above: I verify that the information given is correct. I also understand that this transfer is revoked upon certain changes in status such as change of address and/or termination of employment by the receiving district. I agree to notify the receiving district immediately if my status should change. I also understand that both districts are governed by policies that impose penalties for failure to comply with these provisions.

Custodial Parent / Guardian

SIGNATURE	DATE

The parent is to complete this Request for Student Transfer and mail or deliver to the Rankin County School District, 1220 Apple Park Place, P.O. Box 1359, Brandon, MS 39043. Upon receipt of the request form, we will process and distribute copies of the form to the receiving district, sending district, enrolling school and the parent. For more information, call 601-825-5590.

Pursuant to (1) state law and (2) approval by Board of Trustees of the Rankin County School District, the transfer requested above is hereby approved. Approval of the transfer is made according to the policy of each school district. A copy of this form signed by an authorized school official of Rankin County School District will serve to authorize enrollment in a Rankin County School and to notify the sending school district of the transfer approval.

Approved for the current school year only   Disapproved

SIGNATURE	SENDING DISTRICT	POSITION	DATE