

Choctaw Middle School

Home of the Yellowjackets

14667 NE Third Street
Choctaw, OK 73020

Office: (405) 390-2208
Fax: (405) 390-4439



PARENTAL REQUEST FOR STUDENT IN-DISTRICT TRANSFER

DATE: _____ FOR SCHOOL YEAR: _____

TO PRINCIPAL

I am requesting an in-district transfer for my child listed below:

NAME: _____

GRADE LEVEL: _____

REQUESTING TO TRANSFER TO: _____

FROM SCHOOL: _____

My reason for making this request is as follows:

I understand that consideration of my request will be in accordance with the Board of Education policy and that approval may, or may not, be granted. Further, I understand and agree that as a condition for approval, I will provide transportation to and from school for my child.

Parent Signature: _____

Address: _____

Phone: _____

You will be required to upload a current (July-August) gas or electric bill when completing your Demographic Review in order to finalize your students enrollment.

****OFFICE USE ONLY****

APPROVED: _____ NOT APPROVED: _____ DATE: _____

