Jackson Public School District
2026-2027 IN-DISTRICT TRANSFER REQUEST FORM

(Print Clearly)

Student Name:		**Current Grade:**	
Current School			
Parent Name:		**Phone:**	
Address:			
City, State & Zip:			

School of Choice/Reason

List School of Choice	

Request Reason/s: Briefly state the reason/s for your transfer request on the space provided below.

(Print Clearly)

Parent Signature		**Date Signed**	

All In-District Transfers are reviewed on a case by case basis. Your request and reason for transfer will be reviewed by the requesting School Principal and Assistant Superintendent. The requesting parent/legal guardian will be notified when a final decision has been made, using the contact information provided above.

Official Use Only by the Principal

Approved		**Denied**	
	Your transfer request is approved.		Your transfer request is denied.

If denied, briefly state reason below:

Principal Signature	**Date**	**Assistant Superintendent Signature**	**Date**

In-District Transfer Request period: Monday, April 20, 2026 - Friday, July 17, 2026

Transportation to school must be provided by the parent/legal guardian if the request is approved.

April 2026