MERIDIAN PUBLIC SCHOOL DISTRICT

Application for Release

(City to County Transfer)

SCHOOL YEAR _____

RETURN TO:
Meridian Public Schools
Student Transfers
P.O. Box 31
Meridian, MS 39302

PLEASE PRINT - COMPLETE A SEPARATE FORM FOR EACH STUDENT

Name of student _____ Age _____ Race _____

I am requesting a release to attend _____ school/grade _____

Have you been approved for transfer before? _____ If yes, when? _____

To what school district? _____

School attended last year _____

Parent's name _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

REASON FOR REQUEST:

[ ] Parent(s) employed by another school district. (Give name, district, school & position)

Name _____ District _____

School _____ Position _____

[ ] Other extenuating circumstances. (Use back if needed) _____

_____

_____

I UNDERSTAND THAT TRANSPORTATION IS NOT PROVIDED FOR TRANSFER STUDENTS____ [ ] YES

_____ _____

Signature of Parent/Guardian Date

OFFICIAL USE ONLY

Recommendation to Board: [ ] Approve [ ] Deny Administrator _____

Reason _____

[ ] Release Granted [ ] Release Denied Date of Board Action _____

Revised: 2/2025