MERIDIAN PUBLIC SCHOOL DISTRICT
In-District Transfer Application
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 live in the _____ school zone but am requesting a transfer to attend

_____ school in grade _____ Special Ed._____

School attended last year _____

School currently attending if different from above_____

Reason for transfer request _____

_____

_____

Have you requested a transfer for this child before? [ ] NO [ ] YES Year _____

Was it approved? [ ] NO [ ] YES To which school? _____

Name of parent/guardian_____

Home address _____ Zip _____

Home phone _____ Cell phone _____

Place of employment_____ Work phone _____

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

_____ _____

Signature of Parent/Guardian Date

OFFICIAL USE ONLY

Disapproved _____/_____ Approved _____/_____
ADMINISTRATOR DATE ADMINISTRATOR DATE

Comments _____

_____

Revised:2/2025