Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US

STUDENT TRANSFER APPLICATION FOR SY 2026-2027 (INTO/FROM DISTRICT)

Office Use Only	All student transfers between school districts require the mutual consent of both school boards (MS Code 37-15-31). Transfers must be board approved prior the student transferring into/from district each school year.
Board Meeting Date: _____	CIRCLE ONE: TRANSFER INTO DISTRICT TRANSFER FROM DISTRICT
Approved: _____ Yes ____ No	

Student Name: _____
Last First Middle

Parent(s) Name(s): _____

Address: _____
Street City State Zip

Telephone Number: _____
Home Cell/Secondary

Age: ____ DOB: _____ Gender: ____ Race: _____ Current School: _____

School Transfer Into/From:

____Hazlehurst Elementary School ____Hazlehurst Middle School ____ Hazlehurst High School

Student is transferring from: _____

Reason for Request: _____

_____

_____ _____
Signature of Parent Date

FOR OFFICIAL USE ONLY

Request is: ___ Approved ___ Denied

Reason for Denial: _____

_____

_____ _____
Superintendent's Signature Date