

REQUEST FOR TRANSFER FORM
Hawkins County Schools 2008-09

Parent/Guardian:

In accordance with the No Child Left Behind Law, Hawkins County Schools is offering you the option to transfer your child from Rogersville Middle School to either Bulls Gap School or Surgoinsville Middle School. If you would like to transfer your child from RMS, please indicate your preference on the form below. Please return the information in the self addressed stamped envelope. Requests are to be mailed to:

Federal Projects Director
Hawkins County Schools
200 North Depot Street
Rogersville, TN 37857

Return the completed form to Hawkins County Schools postmarked no later than August 23, 2008. The district will respond to your request with written notice regarding your child's school assignment. The System is required to have all requests for transfers completed by October 1, 2008. Please complete a separate form for each child.

This form is to be returned ONLY if you want to transfer your child to one of the designated schools. If you do not wish to transfer your child from RMS, you do not have to take any action.

I have read the letter regarding public school choice options. I am requesting that my child be transferred to:

_____ (first choice) or _____ (second choice) for the 2008-09 school year.

Parent/Guardian signature: _____ Date: _____

Phone Number: _____ (Home)

Phone Number: _____ (Cell)

Name of student: _____ Grade level for 2008-09: _____

School currently attending: _____

Student's address: _____ City: _____ Zip code: _____

If you have questions, please contact Dr. John Carroll, Principal of RMS or Ms. Christy Mowl, Assistant Principal of RMS at 272-7603. Office hours for Dr. Carroll and Ms. Mowl are from 8:00 am to 3:00 pm, Monday through Friday. You may also contact Dr. Reba Bailey, Federal Projects Director, at 262-7629, ext 115, or Ms. Rosie Bailey, Supervisor of Title I, at 272-7629, ext 118. Office hours for Dr. Reba Bailey and Ms. Rosie Bailey are from 8:00 am to 4:00 pm, Monday through Friday.

Office use only

Student ID #: _____ Date received: _____

Request for school of choice #1 has been: ___ Approved ___ Disapproved

Request for school of choice #2 has been: ___ Approved ___ Disapproved

Principal of receiving school's signature: _____

Signature of coordinator for student assignment: _____