

Approved _____
Denied _____
Office Use Only

# CITY OF SALEM SCHOOLS

**\*\*RETURN FORM NO LATER THAN JUNE 30, 2020\*\***

## REQUEST FOR PUPIL TRANSFER

DATE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

BIRTH DATE OF STUDENT \_\_\_/\_\_\_/\_\_\_ STUDENT'S GRADE LEVEL FOR 2019-2020 \_\_\_\_\_  
MO DAY YR

NAME OF PERSON MAKING REQUEST \_\_\_\_\_

**(Please Print)**

RELATIONSHIP TO STUDENT \_\_\_\_\_ PARENT (WITH LEGAL CUSTODY)  
\_\_\_\_\_  
LEGAL GUARDIAN  
\_\_\_\_\_  
OTHER (SPECIFY) \_\_\_\_\_

SCHOOL IN YOUR ATTENDANCE AREA (**CIRCLE ONE**): G. W. CARVER EAST SALEM  
SOUTH SALEM WEST SALEM

SCHOOL REQUESTED FOR TRANSFER (**CIRCLE ONE**): G. W. CARVER EAST SALEM  
SOUTH SALEM WEST SALEM

JUSTIFICATION FOR THE REQUEST \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REQUEST

\_\_\_\_\_  
STREET ADDRESS OR BOX NUMBER (**Please Print**)

\_\_\_\_\_  
CITY AND STATE (**Please Print**) ZIP CODE

\_\_\_\_\_  
TELEPHONE HOME TELEPHONE WORK

**PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS:**

**DR. FOREST JONES  
DIRECTOR OF ADMINISTRATIVE SERVICES  
CITY OF SALEM SCHOOLS  
510 S. COLLEGE AVENUE  
SALEM, VA 24153**

**CENTRAL OFFICE USE**

DATE RECEIVED \_\_\_\_\_ ENTERED \_\_\_\_\_