

# Madison City Schools

## ASSIGNMENT OR TRANSFER REQUEST

Student Name(s): *(If request is for more than one student, list each one separately)*

School Year <b>2020-2021</b> Date: _____
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Last Name	First Name	Gender	Age	Grade for 2020-2021
1				
2				
3				
4				

<p><b>Relationship to Student: Check one</b></p> <p><input type="checkbox"/> Custodial Parent</p> <p><input type="checkbox"/> Other: _____ <i>Please explain:</i></p>	<p><u>Name/Mailing Address of Person Completing Form:</u></p> <p>Name: _____</p> <p><b>Required:</b> Address moving from: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><b>Current Address – Required:</b> Address where you will live until you close on new home if different than above address:</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>Cell Phone: _____ Work Phone: _____</p> <p>Email Address: (Required) _____</p> <p>School /District where custodial parent lives: _____ / _____</p> <p>MCS School to Which Student(s) Requests to Transfer or be assigned: _____</p> <p>State reason for requesting Transfer or Assignment: (Please attach supporting documentation to this application. <i>Use back of this application if necessary to explain.</i>) _____</p> <p>_____</p> <p><i>Athletic eligibility is determined by <b>physical</b> residence. Students that live outside of the attendance zone, for the school they attend, may not be eligible to participate for the current year.</i></p> <p><b>By signing below, I affirm that the information contained in this application is correct, and I understand that false representation of the facts will result in immediate denial of my request. I authorize Madison City Schools to obtain information concerning my request from any individual who may have knowledge of the circumstances involved.</b></p> <p>Signature _____ Date _____</p>	
<p><b>Madison City Schools' Use Only - Do not complete below this line</b></p>	
<p>Category of Request: <input type="checkbox"/> 1<sup>st</sup> Semester <input type="checkbox"/> 2<sup>nd</sup> Semester <input type="checkbox"/> Full Year</p> <p><input type="checkbox"/> Custody (<input type="checkbox"/> Temporary <input type="checkbox"/> Final <input type="checkbox"/> Physical)</p> <p><input type="checkbox"/> Unique Situation:</p> <p><input type="checkbox"/> Other: _____</p>	
<p>_____ Superintendent or Representative, Madison City Schools</p>	<p>_____ Date</p>

<input type="checkbox"/> Approved  <input type="checkbox"/> Denied
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**Form will not be accepted unless all information is completed**

The application shall be processed by using the following procedure:

- Submit application to Madison City Schools, Attn: Registrar, 211 Celtic Drive, Madison, AL 35758 OR email completed application to registrar@madisoncity.k12.al.us
- After review and evaluation of the application as deemed appropriate by the Superintendent or designated staff, the Superintendent will either grant or deny the application and notify the custodial parents of the decision in writing.