



# 2023-2024 Out of Zone Student Transfer Request

If you have more than one child applying for a transfer, please complete a separate transfer request for each child.

Student's Name \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_  
Name of Parent or Guardian

Work Phone: \_\_\_\_\_  
Residential Address of Parent or Guardian

Cell Phone: \_\_\_\_\_  
City State Zip

School Assignment Requested: \_\_\_\_\_ Grade SY 23/24: \_\_\_\_\_

School Zone where Student Resides: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

Reason for Transfer Request: \_\_\_\_\_

Please list transfer siblings who will attend Bristol Tennessee City Schools during the **2023-2024** school year:

Name	School	Grade SY 23/24
_____	_____	_____
_____	_____	_____
_____	_____	_____

As Parent or Guardian of this student, I affirm that I have not given any false information and agree to the following conditions if my child is approved to attend an out-of-zone school as a transfer student:

- I will abide by the guidelines of School Board Policy #6.206 – School Attendance and Transfers.
- I will provide my child's transportation to and from school. My child will arrive at school on time and be picked up from school on time. My child will maintain satisfactory attendance, behavior, and effort to remain in the school.
- Transfer students or parents/guardians of transfer students who cause an undue hardship to teachers or administrators may result in the return of the student to the school in the zone where the student resides.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Do Not Write Below Line – Office Use Only

Transfer Approved \_\_\_\_\_ Transfer Denied \_\_\_\_\_

Signature of School Principal or Designee: \_\_\_\_\_ Date Received: \_\_\_\_\_

Signature of Director or Designee: \_\_\_\_\_ Date Received: \_\_\_\_\_

Return Form to:  
Bristol Tennessee City Schools  
Student Services Office  
615 Martin Luther King Jr. Blvd  
Bristol, TN 37620