

CABOT PUBLIC SCHOOLS

602 N. Lincoln Street
Cabot, Arkansas 72023
Phone: 501-843-3363

CAMPUS TRANSFER REQUEST FOR EMPLOYEE'S CHILDREN

I, _____, as an employee of the school district, petition that my child(ren) or ward(s) be allowed to transfer from the school zoned for our residence to the school most convenient to the school where I'm employed.

Name of school where employed _____

Position held _____

School Year _____

Student's Name	Grade	D.O.B	Gender	Zoned School	Requested School

Signature of employee **Date**

Home (911) Address **City**

Home Phone _____

FOR SCHOOL USE ONLY	
Request approved _____	
Request denied _____	_____
School Year _____	Administrator's Signature

	Date