CABOT PUBLIC SCHOOLS

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

TRANSFER REQUEST FOR EMPLOYEE'S CHILDREN PETITION FOR ENROLLMENT UNDER ACT 624 OF 1987 §6-18-203 (b)(1); (2)

Ι,			, petition that my c	nild(ren) or ward(s),	
listed below, who now reside in the			School District		
in the county of			, Arkansas be enrolled in the		
Cabot Scho	ol District, where I	am a full-tim	ne contracted empl	oyee.	
My position	with the school dis	trict is that o	of		
Campus/Bu	ilding:				
Student's Name	Date of Birt	h	Grade	Requested Scho	
Student's Name	Date of Birt	11	Grade	Requested Scho	OI
					
Signature of parent/guardian			School Year		
Street	or PO Box	City	State	Zip	
Home Phone			Work Phone		
Request approved				FOR SCHOOL USE ONLY	
	nied		Administrator's Sig	gnature	
School Year	·				
			Date		