

NORTH LITTLE ROCK SCHOOL DISTRICT

2024-2025 Intra-District Transfer Application



SPECIAL PERMISSION

Student: _____ Grade: _____ Gender: _____ Race: _____

Address: _____, _____, _____, _____
(Street Address) (City) (State) (Zip)

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Email _____

Does this student receive Special Education? Yes ___ No___ OR 504 Services? Yes: ___ No: ___

Request Transfer from: _____ to: 1) _____
(Zoned School) 2) _____
3) _____
Requested School(s)

Explain briefly your reason for requesting this transfer (attach an additional sheet if necessary):

Upon approval, your child will be allowed to remain until they have completed the highest grade level at that school. **TRANSPORTATION IS NOT PROVIDED.**

***Please provide the school with the following information:**

- | | |
|--------------------------|------------------------------|
| ___ Birth Certificate | ___ Special Education Papers |
| ___ Immunization | ___ Transcript |
| ___ Social Security Card | ___ Withdrawal Form |

NOTE: During the first two weeks of school, all elementary school assignments are tentative.

Parent/Guardian Signature: _____ Date: _____

Approved: _____ Denied: _____ Date: _____

Gary Logan
Executive Director, Student-Centered Support Services