

**PETITION FOR TRANSFER OF STUDENTS**

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_

TO THE BOARD OF DIRECTORS OF THE \_\_\_\_\_  
(Resident School District)

I, \_\_\_\_\_, petition that my children or wards, as listed below, now residing in the \_\_\_\_\_ School District in \_\_\_\_\_ County, Arkansas, be transferred to the \_\_\_\_\_ School District in \_\_\_\_\_ County, Arkansas, for educational purposes under the provisions of Ark. Code Ann. § 6-18-316 authorizing such a transfer, effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NAME	AGE	NAME	AGE

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Telephone number)

**CONSENT OF RESIDENT DISTRICT**

The Board of Directors of \_\_\_\_\_ School District of \_\_\_\_\_ County, consents to have the student (s) listed above transferred from said school district.

\_\_\_\_\_  
Date Board Authorized Transfer

\_\_\_\_\_  
President of School Board

**CONSENT OF RECEIVING DISTRICT**

The Board of Directors of \_\_\_\_\_ School District of \_\_\_\_\_ County, consents to have the student (s) listed above transferred to said school district.

\_\_\_\_\_  
Date Board Authorized Transfer

\_\_\_\_\_  
President of School Board

File approved copies with: (1) resident district, (2) servicing district, (3) county clerk and (4) Department of Education, Local Fiscal Services, Room 202-A, Little Rock, Arkansas 72201. If the school districts are in different counties, copies should be filled with both county clerks.

**TRANSFER OF STUDENTS  
AFFIDAVIT**

According to Ark. Code Ann. §6-18-317:

(a) Boards of Directors of the local school district are prohibited from granting legal transfers in the following situations:

- (1) Where either the resident or the receiving district is under a desegregation-related court order or has ever been under such a court order, and
- (2) The transfer in question would negatively affect the racial balance of that district which is or has been under such a court order.

Whereas, the Board of Directors of \_\_\_\_\_ School District, in \_\_\_\_\_ County (resident district), and the Board of Directors of \_\_\_\_\_ School District, in \_\_\_\_\_ County (receiving district), have agreed to have the student (s) listed below transferred \_\_\_\_\_, 20\_\_\_\_, and in granting this transfer have in no way violated Ark. Code Ann. §6-18-317.

NAME	AGE	NAME	AGE

RESIDENT DISTRICT SCHOOL BOARD MEMBERS' SIGNATURES	RECEIVING DISTRICT SCHOOL BOARD MEMBERS' SIGNATURES

PETITION FOR TRANSFER OF STUDENT(S)  
EXPLANATION SHEET

NAME OF STUDENT(S) \_\_\_\_\_  
\_\_\_\_\_

PARENT(S) REASONS FOR REQUESTING TRANSFER OF STUDENT(S):

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PARENT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (home) \_\_\_\_\_ (work) \_\_\_\_\_

