

SENATOBIA MUNICIPAL SCHOOL DISTRICT



104 McKie Street
Senatobia, MS 38668
Jay Foster
Superintendent of Education

I, _____ (name of teacher making request) hereby request
to transfer from _____ (name of school) to
_____ (name of school) effective _____. I make this request for the
following reason _____

_____ **Date** _____

Teacher Signature

I hereby accept and recommend the transfer of _____ to
_____ (name of School) effective
_____ (date).

_____ **Date** _____

Principal of current school signature

I hereby accept and agree to the transfer of the above named effective _____

_____ **Date** _____

Principal signature of receiving school

This form should be forwarded to the Superintendent upon completion.