



LITTLE ROCK  
SCHOOL DISTRICT  
501 SHERMAN STREET  
LITTLE ROCK, AR 72202

STUDENT REGISTRATION OFFICE  
Phone (501) 447-2950 Fax (501) 447-2982

## DISTRICT EMPLOYEE REQUEST FOR STUDENT TRANSFER

Employee's Name \_\_\_\_\_

Workplace \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Student's Current School Assignment \_\_\_\_\_

Students may be assigned to the school *where the parent is employed*.  
THIS APPLICATION **DOES NOT** APPLY TO MAGNET SCHOOLS.

*Employee must have a contract with the Little Rock School District in order to be eligible. The employee's work badge must be submitted with the application. Transfers are subject to capacity requirements and if granted, transportation will not be provided.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN ALL FORMS TO THE STUDENT ASSIGNMENT OFFICE.

For SRO Use Only:
Date Received _____
Zone Block _____
Student ID # _____
Attendance Zone _____