

LITTLE ROCK SCHOOL DISTRICT
OFFICE OF STUDENT REGISTRATION
501 SHERMAN STREET
LITTLE ROCK, AR 72202
(501) 447-2950

Student ID. # _____
Date Recd: _____
Recd. By: _____

SECONDARY TNT

(Transfer with NO bus Transportation)



Athletic Eligibility may be removed.

Please note: Transfer / No Transportation requests are NOT accepted for Stipulation Magnet Schools (Mann Middle & Parkview High)

Secondary TNTs will only be accepted during a specified time each year.

Student's Name: _____

Current School Assignment: _____

Next Year Grade Level: _____ Date of Birth: _____

Parent Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Cell Phone: _____

School Requested: _____

I understand that if this transfer is approved, my child must attend for a minimum of one semester.

Parent Signature: _____ Date: _____

Office Use Only:

Date Reviewed: _____

Approved: _____

School Assignment: _____

Denied: _____