



Little Rock School District
www.lrsd.org

LITTLE ROCK SCHOOL DISTRICT
STUDENT REGISTRATION OFFICE
501 SHERMAN STREET
LITTLE ROCK, AR 72202
PHONE (501) 447-2950 FAX (501) 447-2951

DISTRICT EMPLOYEES REQUEST FOR STUDENT TRANSFERS

EMPLOYEE'S NAME _____

WORKPLACE _____ POSITION _____

WORK PHONE _____ HOME PHONE _____

STUDENT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ GRADE _____

STUDENT'S CURRENT SCHOOL ASSIGNMENT _____

Students may be assigned to the school where the parent is employed. ***THIS DOES NOT APPLY TO STIPULATION MAGNET SCHOOLS NOR SPECIALTY SCHOOLS. Employee must have a contract with the Little Rock School District in order to be eligible.***

Transfers are subject to capacity requirements and if granted, transportation will not be provided. RETURN ALL FORMS TO THE STUDENT REGISTRATION OFFICE.

FOR SRO USE ONLY:

Date Received _____

Zone Block _____

Student ID# _____

Attendance Zone _____