

**NORFORK SCHOOL DISTRICT**

**Mike Seay, Superintendent**

**44 Fireball Lane  
Norfolk, Arkansas 72658**

**Telephone: 870-499-5228**

**Facsimile: 870-499-5109**

## District Transfer Policy

Due to staffing and program decisions, Norfolk Public Schools will only consider transfers out of the District in our August Board meeting for the Fall Semester, and the December Board meeting for the Spring Semester. Any student wishing to be considered for transfer in these meetings, must fill out a Legal Transfer Form and present it to the Superintendent's office at least seven (7) business days prior to the August and December Regular School Board meetings. This Transfer Form can be picked up at the Superintendent's office or down loaded from the District website. Emergency transfer requests can be submitted to the Superintendent for review. If the Superintendent deems the submission an emergency the request will be placed on the agenda of the upcoming month's regular meeting for consideration by the Board.

Adopted 12/18/2017



*Equal Opportunity Employer*

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)

**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) Arkansas Department of Education, State LEA Funding, Four Capitol Mall, Room 105-C, 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