



Lakeland School District
TEACHER TRANSFER REQUEST

Name: _____ Date: _____

Certifications (list all):

Present Position:

School: _____ Grade/Subject: _____

Number of Years in Present Position: _____ Years

Number of Years in Lakeland SD: _____ Years

Previous Position(s) in Lakeland SD:

School	Position	Dates

I Would Like to Request Transfer to:

School: _____ Grade/Subject: _____

Please provide reasons for requesting this transfer (optional):

Teacher Signature

Date