

**Gasconade County R-I Schools  
Request for Consideration of Transfer**

Name: \_\_\_\_\_

Current Teaching Assignment: \_\_\_\_\_

Years of Teaching Experience: \_\_\_\_\_

Years of Teaching experience in District: \_\_\_\_\_

Previous grade level(s) / subject area(s) taught: \_\_\_\_\_

Education \_\_\_\_\_

Certification (list all please) \_\_\_\_\_

\_\_\_\_\_

Interest in transfer to Grade Level / Subject Area:

\_\_\_\_\_ 1st Preference

\_\_\_\_\_ 2nd Preference

\_\_\_\_\_ 3rd Preference

Other information to be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_