



IN-COUNTY APPLICATION FOR TRANSFER

SCHOOL YEAR: _____ DATE OF APPLICATION: _____

STUDENT NAME: _____

DATE OF BIRTH: _____ GRADE STUDENT WILL BE IN: _____

PARENT(S) NAME: _____

HOME SCHOOL AREA: _____
REQUESTED SCHOOL AREA: _____

ADDRESS: _____
STREET # CITY STATE ZIPCODE

HOME PHONE: _____ EMAIL ADDRESS OF PARENT: _____

PLEASE LIST ANY SIBLING(S) & THEIR GRADE LEVEL WHO WERE ON TRANSFER FROM THE PREVIOUS YEAR AT THE REQUESTED SCHOOL: _____

DOES YOUR CHILD HAVE A(N): SAT ___ IEP ___ 504 ___ SPECIAL ED TRANSPORTATION SERVICES: YES ___ NO ___

PLEASE STATE THE REASON YOU ARE REQUESTING TRANSFER: _____

(IF MORE ROOM NEEDED, CONTINUE ON THE BACK)

SIGNATURE OF PARENT: _____

PLEASE NOTE: KINDERGARTEN TRANSFERS MAY TAKE UP TO 10 DAYS TO BE APPROVED, PENDING ENROLLMENT. THEREFORE, KINDERGARTEN STUDENTS MUST ENROLL AND MAY NEED TO ATTEND THE HOME SCHOOL UNTIL APPROVAL HAS BEEN RECEIVED. IF ANY STUDENT WAS ON TRANSFER THE PREVIOUS SCHOOL YEAR, **APPLICATION MUST BE MADE ANNUALLY** BUT TRANSFER IS APPROVED UNLESS OTHERWISE NOTIFIED BY SCHOOL OR COUNTY OFFICIAL BY END OF PREVIOUS SCHOOL YEAR. COUNTY WILL NOT PROVIDE TRANSPORTATION FOR TRANSFER STUDENTS. IF THIS IS A NEW TRANSFER, IT IS THE PARENT'S RESPONSIBILITY TO ENROLL THE STUDENT AT THE NEW LOCATION (UNLESS OTHERWISE NOTIFIED). ACCEPTANCE MAY BE DETERMINED BY RECORDS OF PAST ATTENDANCE AND BEHAVIOR, GRADE LEVEL CAPACITY, OR LACK OF PROGRAMS/SERVICES DUE TO AREAS IDENTIFIED BY CRITICAL NEED AND SHORTAGE POLICY. **IF THIS TRANSFER IS GRANTED, IT MAY BE REVOKED AT ANY TIME FOR ONE OR ALL OF THE FOLLOWING REASONS: ATTENDANCE/TARDIES; BEHAVIOR PROBLEMS; EXCEEDING CLASS LOAD; OR UPON THE REQUEST OF THE PARENT.**

OFFICE USE ONLY	
DATE RECEIVED: _____	APPROVED ___ OR DENIED ___
SIGNATURE OF PRINCIPAL: _____	DATE: _____
SIGNATURE OF ATTENDANCE DIRECTOR: _____	DATE: _____
APPEALED TO: _____	APPEAL: APPROVED ___ DENIED ___
COMMENTS: _____	
PARENT CONTACTED: _____	DATE: _____
CIRCLE ONE: NEW or RETURN	ENTERED DATE: _____