

APPLICATION FOR TRANSFER

Full Name of Student

Residence Address

Attending/Assigned to This School

Desire Transfers to This School

Desired Effective Date of Transfer

TYPE OF TRANSFER REQUESTED (check):

_____	Safety of Student, Other Students, or Faculty	_____	Alternative School Placement
_____	GA DHR or GA DJJ Placement	_____	To Serve Student With Disability
_____	Change in Residence or Attendance Lines	_____	Child or Legal Ward of Full Time Faculty / Other Employee
_____	No Child Left Behind	_____	Majority-to-Minority

REASONS FOR TRANSFER (explain fully/attach additional sheets if necessary):

CERTIFICATION BY PARENT/GUARDIAN/LAWFUL CUSTODIAN

Now comes the undersigned parent/ guardian/ lawful custodian, who, being first duly sworn, states on oath that the facts set forth in the foregoing Application are true and correct.

Signature of Parent/ Guardian/ Lawful Custodian
Printed Name: _____

Telephone Number

Sworn to and subscribed before me,
this _____ day of _____, 20____.

Notary Public
My Commission Ends: _____

(NOTARY SEAL)

ACTION ON TRANSFER APPLICATION

Student: _____

Date of Application: _____

Application Submitted Under Majority-to-Minority Transfer Policy or Deemed to Qualify as Such:

Yes _____ **No** _____

Action On Application:

Approved _____ **Denied** _____

If approved, state policy reference (i.e., "JBCD, Sec. A2"): _____

Reasons Justifying Action:

Date of Action: _____

Date Parent/Guardian/Lawful Custodian Notified of Action: _____

Associate Superintendent (Signature)