



GRIFFIN-SPALDING COUNTY SCHOOLS

234 E. Taylor Street

Griffin, GA 30223

Phone: (770) 229-3700 - Fax: (770) 227-1932

TRANSFER REQUEST FORM

Please note that school bus transportation will not be provided. Statements made in support of the transfer request may be CONSIDERED by the Transfer Committee. Completing a transfer request form does not guarantee approval.

Parent Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Student Name: _____ Date of Birth: _____

School Presently Attending: _____ Grade: _____

Requesting Transfer to: _____ Zoned School: _____

☐ **MEDICAL TRANSFER** – What is the child's specific medical condition?

Why do you feel it cannot be addressed at the zoned school?

In your opinion, how will attending a different school alleviate the medical condition?

☐ **SAFETY TRANSFER** – What is the specific personal safety concern that cannot be addressed at the zoned school?

How will the student attending another school eliminate the safety concern?

☐ **UNSAFE SCHOOL CHOICE TRANSFER OPTION – See policy JBCCA(2).** This option only refers to students who are victims of the following violent criminal offenses: aggravated battery (O.C.G.A. § 16-5-24), aggravated child molestation (O.C.G.A. § 16-6-4), aggravated sexual battery (O.C.G.A. § 16-6-22.2), aggravated sodomy (O.C.G.A. § 16-6-2), armed robbery (O.C.G.A. § 16-8-41), first degree arson (O.C.G.A. § 16-7-60), felony weapons charge (O.C.G.A. § 16-11-127.1), kidnapping (O.C.G.A. § 16-5-40), murder (O.C.G.A. § 16-5-1), rape (O.C.G.A. § 16-6-1), voluntary manslaughter (O.C.G.A. § 16-5-2), or terroristic threats (O.C.G.A. § 16-11-37). Please provide reason for request and supporting legal documentation.

☐ **OTHER – Written request from Parent/Legal Guardian**

I understand that the principal at my child's transferring school assignment may recommend that revoked for any of the following reasons:

- Poor Attendance
- Tardiness
- Conduct disruptive of the learning environment

When a student is approved for a transfer on the basis of a specific academic program, the principal may recommend that the student be returned to the home school if he/she fails to participate successfully in that program.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Transfer Meeting Date: _____

☐ APPROVED

☐ DENIED

Anthony Aikens, Executive Director of Admin. Services

Bonita Fluker, Student Services Director

Shelia Mincey, Special Education Director

Ashley Crawford, Curriculum Director