

**Georgia Department of Education
Parent Notification Template**

**House Bill 251 (2009) – Public School Choice Transfer
Parent Request for School Transfer**

Under a 2009 state law (O.C.G.A. § 20-2-2131), parents may request a transfer to another public school within their local school district. If you want to request a transfer, please complete the information below.

Parent Transfer Request Form (Parents Must Complete)

Student Information

Date: _____ Student's Name: _____

Grade: _____ Birthdate: _____ Age: _____

Name of Custodial Parent or Guardian requesting transfer: _____

Home Address: _____
Street City State Zip

E-Mail (if available): _____ Phone: _____

The student is currently zoned to attend _____ (school) in the _____ school year.

Parent Request for School Transfer

I _____ (parent/guardian) am requesting a transfer for _____ (student's legal name) to attend one of the following other schools in the district. I fully understand that my child may only receive my first choice of schools if space is available at the time this request is approved by the local school district.

Parent/Guardian Ranked List of Schools for Transfer (where more than one school is available).

1) _____

2) _____

Parent/Guardian Signature: _____ Date: _____

**IF YOUR REQUEST IS APPROVED, PLEASE NOTE: YOU MUST PROVIDE TRANSPORTATION TO AND FROM SCHOOL.
THE SCHOOL SYSTEM DOES NOT PROVIDE TRANSPORTATION OUT OF YOUR SCHOOL ZONE.**

ATTENTION STUDENT ATHLETES AND LITERARY CONTESTANTS

Place a check mark in the space above if you desire to participate in an interscholastic sport, a one act play, or literary activities. You will receive additional information on how this transfer will affect your eligibility to participate. Please contact Eddie Payne, 770-229-3710 ext. 334