

2017-2018 APPLICATION FOR TRANSFER

(This application is not for employees)

_____ Full Name of Student _____ Residence Address

_____ Assigned to This School _____ Desire Transfer to This School _____ Desired Effective Date of Transfer

My child currently receives Special Education services: Yes _____ No _____

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	_____	Military

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)