



Mr. Shay Bonnell
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Application for In-District Transfer Request 2026-2027 School Year

Student's Name _____ Date of Birth _____ Age _____ Grade _____

Telephone Contact _____ Parent Email _____

Address _____ Student's Address _____

City _Anderson_____ Zip Code _____

Resident/Home School _____ Requested School _ _____

Does your child currently attend ACSC? Yes x ☐ No ☐

Is the student named above receiving Special Education services? Yes ☐ No x ☐

Please check (✓) one or more reason for this request:

☐ Staff member (parent, grandparent, or legal guardian) works at requested school.

☐ Desire to attend requested school even though we live another school zone.

☐ Child care (must complete child care verification form, page 2)

☐ Compelling reason (please be specific) _____

TRANSPORTATION IS NOT PROVIDED TO SCHOOLS OF CHOICE EXCEPT IF THE STUDENT IS BEING TRANSPORTED FROM A CHILD CARE FACILITY WITHIN THAT SCHOOL'S DISTRICT

Requests will be processed based on student number in the school of choice and other factors.

Notification will be sent to the Parent/Guardian email address listed above.

Committee Use Only: ☐ Approved ☐ Denied Administrative Designee Signature _____

Reason(s) for Committee Recommendation: _____



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Application for IN-District Transfer Request Child Care Verification

☐ If transportation to/from a child care facility is required, please complete the following page.

Verification of child care for in-district transfer:

Child care verification: An in-district transfer may be granted for child care reasons. The student must be cared for by a child care center or by someone that lives in a district different from the student's place of residence. The child care provider must complete this portion and provide a copy of the childcare license or utility bill. Transportation will be available to and from the child care provider address.

This is to certify that I am the child care provider for the above named child and I assume full responsibility for him/her during the school days between the hours of _____

for Student Name _____.

Name of the child care facility

Transportation address including city, state and zip code

Phone number

Provider's Name (print)

Provider's Signature