TRANSYLVANIA COUNTY SCHOOLS
Request for In-District and Out-of-District Transfer

Date Received _____

Received by _____

Instructions:

1. Please complete a separate form for each student. Please print clearly.
2. **ALL** requests must be received at the district office 10 days prior to the start of the school year.
3. **The requesting party must have this form signed by the involved principal(s) before submitting it for consideration**.

Parent/Legal Guardian/Custodian _____
(Last) *(First)* *(M. I.)*

Street Address _____ Mailing Address _____

City, State, ZIP _____ City, State, ZIP _____

Home Phone:_____ Cell Phone:_____ Email: _____

Student's Name _____
(Last) *(First)* *(Middle)*

Date of Birth _____ Requested School Year 202_ to 202_ Student's Grade Level (during requested school year): _____

*Home school district (*where student is supposed to attend*):	School to which transfer is being *requested*:

*If student is **NOT** a resident of Transylvania County, the parent must obtain a release from the school district in which the student resides**, regardless of whether the student has attended school in that district**. Please attach release or submit within 30 days.

Reason for request _____

_____

Does student receive Exceptional Children (EC) services? Yes _____ No _____ If yes, please list: _____

_____

1. If the request for assignment/transfer is approved, I will be responsible for transportation to and from school.
2. Out-of-district assignments/transfers are to be for a full school year.
3. Approval may be rescinded based on behavior, academic achievement, and/or attendance. Approval is granted provided the teacher/pupil ratio remains in line with state and local regulations. I will be notified should the situation change.

I have read and understand the above statements.

_____

Parent/Legal Guardian/Custodian **Date**

FOR OFFICE USE ONLY

I have reviewed the application for this student to transfer **FROM** my school. To my knowledge:

Student has had _____ absences.
Student has had _____ office referrals.
_____ Transfer SHOULD be allowed.
_____ Transfer SHOULD NOT be allowed. Reason(s):

_____

_____ _____
(Current) Principal's Signature Date

I have reviewed the application for this student to transfer **TO** my school. To my knowledge:

_____ Transfer SHOULD be allowed.
_____ Transfer SHOULD NOT be allowed. Reason(s):

_____

_____ _____
(Receiving) Principal's Signature Date

Approved _____ **Denied** _____

_____ _____
Superintendent **Date**

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Return completed form to: Dr. Lisa Fletcher, Transylvania County Schools, 225 Rosenwald Lane, Brevard, NC 28712 (mail/hand-deliver)
or email to: mlevine@tcsnc.org