**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.

**Parents: please complete this form and mail it to:**

**Name: Title:**

**Address:**

**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

Email (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)

3)

Parent/Guardian Signature: Date: