2010-2011 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

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

_____ Majority-to-Minority

_____ No Child Left Behind

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 Telephone Number
Printed Name: _____

Sworn to and subscribed before me,
this _____ day of _____, 20____.

_____ (NOTARY SEAL)
Notary Public
My Commission Ends: _____

Internet