2009-10 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