

TRANSYLVANIA COUNTY SCHOOLS Request for Out-of-District Assignment/Transfer

Instructions:

1. Please complete a separate form for each student.
2. Please print clearly.

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

Street Address _____ Mailing Address _____

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

Home/Cell Phone _____ Business Phone _____

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

Date of Birth _____ Requested School Year _____ Grade Level _____

School district currently residing*	School to which assignment/transfer is being requested:
*For a student who is NOT a resident of Transylvania County, the parent must obtain a release from the school district in which the student resides. Please attach a copy of the release to this application or submit within 30 days.	

Reason for request _____

Does student receive special programs or services? Yes _____ No _____ If yes, please list _____

Note:

1. If requesting a release to attend school in another county, I understand that this is not an automatic acceptance into that school system. The student must meet the criteria of the receiving county in order to be accepted.
2. If the request for assignment/transfer is approved, I will be responsible for transportation to and from school.
3. Out-of-district assignments/transfers are to be for a full school year.
4. 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	Approved _____ Denied _____
	_____ Superintendent Date