

**Richmond County School System Transfer Request Form**

**House Bill 251 (2009)  
Public School Choice**

**NOTE: This form is not to be used to request a transfer under NCLB nor Georgia Special Needs Option Scholarship Transfer (These forms may be obtained at [www.rcboe.org](http://www.rcboe.org))**

**Parents: please complete this form and mail to Dr. James Whitson, Deputy Superintendent, 864 Broad Street, 4<sup>th</sup> Floor, Augusta, GA, 30901, or send electronically to [whitsja@boe.richmond.k12.ga.us](mailto:whitsja@boe.richmond.k12.ga.us)**

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 to specified schools and grades as designated as possibly having space available. If you wish to request a transfer, please complete the information below. Any change of school placement which is not the result of a bona fide change of residence may impact a student's eligibility to participate in Georgia High School Association sanctioned varsity activities and events for a period of one calendar year. The parent or legal guardian is responsible for investigating and determining such impact on eligibility and thereafter make an individual decision about the consequences of accepting a permissive transfer if approved. **The deadline for receipt of this written request is July 15, 2009.**

**Parent or Legal Guardian Transfer Request Form (Parents Must Complete)**

**Student Information**

Date \_\_\_\_\_ Student's Name \_\_\_\_\_  
(Please Print)

Grade (2009-2010 School Year) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name of Custodial Parent or Guardian requesting transfer \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ E-Mail (if available) \_\_\_\_\_

Richmond County School the student is zoned to attend in 2009-2010 \_\_\_\_\_  
Name of School

**Parent Request for School Transfer**

I \_\_\_\_\_ am requesting a transfer for \_\_\_\_\_  
Name of Parent/Guardian Student's Legal Name

to attend one of the following other schools in the system. If approved, I understand that transportation to and from school is my responsibility at my sole expense. I fully understand that my child may only receive a Permissive Transfer to a choice of schools if space is available at the time this request is approved by the local school system.

**Parent/Guardian Ranked List of Schools for Transfer (where more than one school is available). Selection must conform with the posted space for Public Choice List of Schools**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

Note: The School System is requesting the U.S. District Court of the Southern District of Georgia to allow this transfer process. However, no transfer will be allowed until approval of the process is received from the Federal Court.