



<h2 style="margin: 0;">Student Transfer Request Form</h2>	<h3 style="margin: 0;">Auxiliary Services</h3> <p style="margin: 0;">322 Main Street Laurinburg, NC 28352</p> <p style="margin: 0;">For more information please contact: Abby Massey 910-276-1138</p>	<h2 style="margin: 0;">2017-2018 School Year</h2>
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Student's Name (Last, First, MI)

Student's Residence Zoned School	School Being Requested
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Current Grade Level	Prior Discipline: Yes / No	Date of Birth	Race/Ethnicity
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Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No Category _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone _____ Work Phone _____ Ext. _____ Cell Phone _____
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Parent's Name(Print)	Signature:
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Physical Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ City: _____ ST _____ Zip _____	Mailing Address: _____ _____ City: _____ ST _____ Zip _____
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Reason for Request

IMPORTANT INFORMATION: Each year applications for transfer will be subject to the regulations in effect at that time. **Transfer requests are granted based on Board policy and space availability;** therefore parents should carefully consider the potential effect on the family if the transfer is granted. Approval of the transfer request for a student does not guarantee that approval will be granted for his/her sibling either for the same academic year or for future academic years. Upon principal's request, records of excessive absences, discipline problems, or tardiness may be grounds for non-approval, non- renewal, or immediate termination of the transfer application and permission if granted approval. **Parents must provide transportation to and from school (some exclusions may apply).**

SCHOOL DISTRICT OFFICIAL USE ONLY
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<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Date:
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Signature of Superintendent or Designee:
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