

JACKSON COUNTY PUBLIC SCHOOLS
398 Hospital Road, Sylva, NC 28779
Telephone: 828-586-2311 Fax: 828-586-5450
REQUEST FOR STUDENT TRANSFER/REASSIGNMENT

Name of Parent or Legal Guardian _____
Physical Address: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Cell Telephone: _____ Work Telephone: _____
Child's Name: _____ Grade: _____ DOB: _____
Child's Name: _____ Grade: _____ DOB: _____
School district in which you currently reside: _____ Grade: _____
School to which transfer is being requested: _____
If request is approved, date to be enrolled: _____
Reason for request (If more space is needed, attach a letter): _____

I understand that this request is contingent upon space availability in the requested school, and that I will be responsible for transportation to and from that school unless I request and am granted permission for the above named child(ren) to be transported by bus to and/or from a location other than home and such request does not require a bus to deviate in any significant way from an established route within the requested school district. Complete attached Request for School Bus Transportation for Out of District Assignment.

Also, if request is to transfer from another school system, release must be obtained from that school system's superintendent. Students who attend a school outside their attendance area are expected to arrive and depart on the regular schedule. In the event a student habitually fails to observe the regular school schedule, the principal has the authority to make a recommendation to the superintendent that the student return to the school in the attendance area in which he/she resides. If a student develops serious behavioral problems, then it is possible the student will have to return to the home district school.

Parent or Legal Guardian Date

To be completed by the Superintendent's Office, Jackson County Public Schools:
Will cause class load to be exceeded: Yes _____ No _____ Verified with principal _____

Request is:
Approved _____ Denied _____

Superintendent Date
Jackson County Public Schools

Release from other school system if applicable:
Approved _____ Denied _____ School System _____

Superintendent Date

cc: Principals
Superintendent (if applicable) Parent Notified _____