



**DARE COUNTY BOARD OF EDUCATION**  
**School Transfer Request Form**  
**Out of County Request - Policy #4130 - Corolla**

Request for the 20\_\_\_\_ - 20\_\_\_\_ school year

Parents should submit this form along with supporting documents to the school that they wish their student to attend. Transfers will generally be approved for one year only for the following six reasons:

**Please circle the reason below for your request.**

- 1) **CHILD CARE** – The needs of a family to use private or commercial providers will be considered. A parent may apply to have a child attend the school in the zone served by the child care provider. Use of this rationale is considered only in elementary and middle grades.
- 2) **MEDICAL AND PSYCHOLOGICAL NEEDS** – The special health needs of a student will be considered. A current assessment from qualified professional personnel is required and must be attached. Approval in subsequent years requires current assessment each year.
- 3) **CHANGE OF RESIDENCE DURING THE SCHOOL YEAR** – A request to remain in a school after a family’s move into the attendance area of another school within the year will be considered. If approved, such approval would be for the remainder of that school year only.
- 4) **GRADE LEVEL OF STUDENT** – Should residence change or attendance lines be modified, a student who will be in the exit grade of a school, i.e. grade 5, 8, or 12, will be allowed to complete the exit grade in his/her current school as long as parents provide transportation.
- 5) **EMPLOYEE STATUS** – Full-time employees of Dare County Schools *may apply* for a transfer for their children.
- 6) **BUILDING CAPACITY** - Parents may request a transfer for the subsequent school year to a school which is utilizing 85 percent or less of its building capacity (list of schools meeting this criteria may be obtained from Dare County Schools on an annual basis).

**Note to Parents/Guardians:**

- 1) Transportation **will not** be provided by the school system.
- 2) Permission/placement may be withdrawn if conditions of placement are not maintained (excessive absenteeism or tardiness).
- 3) The school must be notified within 10 working days of any changes in the information provided on this form.
- 4) Please understand this request is for the current school year only. Enrollment and individual classroom sizes will be considered and may cause future student requests to be denied or rescinded regardless of previous attendance or past approval.
- 5) At the elementary level, if a particular grade at a particular school is within five students of requiring an additional teacher, no new transfer students will be accepted.

**Out of County Request - Policy #4130** – Students living in another county will need additional documentation as required by the Dare County Board of Education Policy and Administrative Procedures.

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Release from Current School District   | <input type="checkbox"/> Tuition Payment Agreement                                   |
| <input type="checkbox"/> Letter from your current school principal stating that your child is in good standing and not serving suspension or other disciplinary action. | <input type="checkbox"/> Completed Child Care Verification – On back (If applicable) |
| <input type="checkbox"/> Attach a copy of the student’s attendance summary.   | <input type="checkbox"/> Completed Employee Verification – On back (If applicable)   |
|   | <input type="checkbox"/> Receiving Principal’s Recommendation – On back              |

Check One: \_\_\_\_\_ New Request \_\_\_\_\_ Annual Request (Students are already approved to attend a school outside their attendance area.)

**Please Print**

Student’s Full Name: \_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ Assigned School: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ School Requested: \_\_\_\_\_

***I certify that the information provided is accurate and that I have read and accept the policy and administrative procedures pertaining to request for Out of District students to attend the Dare County Schools. I understand that any approval based on false or misleading information will be rescinded.***

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**OVER**

**Child Care – Elementary and Middle Grades** If this request is based on child care, please have the child care provider complete the following:

Child Care Provider **Printed Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that I provide regular/weekly child care at the above address. \_\_\_\_\_

Signature

Date

Please Note:

- Transportation will generally not be provided by the school system.
- The After School Enrichment Program (ASEP) is available at each elementary school and is not considered a child care provider for transfer purposes.
- Dare County Parks and Recreation has notified us they will not be considered as regular child care providers.

**Dare County Schools Employee Status – Dare County Schools employees complete this section only if child care does not apply.** Approval is not automatic. Building capacities, student enrollment and employee's status with the school system are among factors considered. If this request is based on employee status, please complete the following:

Employee's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Full-time: Yes \_\_\_\_\_ No \_\_\_\_\_ Hours of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_

Do you meet any other of the criteria for transfer? If so, which one? \_\_\_\_\_

**Immediate Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Corolla - Out-of-District Tuition Payment Agreement**

The full out-of-district tuition to attend the Dare County Schools for the \_\_\_\_\_ school year is approximately \_\_\_\_\_. It is our understanding that Currituck County Schools will pay \$ \_\_\_\_\_ toward this tuition.

**I/We agree to pay the remainder of the tuition for my child to attend the Dare County Schools for this school year. I understand that I must pay according to the payment option I have selected below.** \_\_\_\_\_

Parent Signature

Date

- |   |   |
|---|---|
| <input type="checkbox"/> Full amount in one payment, due upon approval, of transfer application<br><input type="checkbox"/> Two equal payments:<br><ul style="list-style-type: none"> <li>▪ First payment due upon approval of transfer application.</li> <li>▪ Payment #2 due date: <b>January</b></li> </ul> <input type="checkbox"/> Four equal payments:<br><ul style="list-style-type: none"> <li>▪ First payment due upon approval of transfer application.</li> <li>▪ Payment #2 due date: <b>October</b></li> <li>▪ Payment #3 due date: <b>January</b></li> <li>▪ Payment #4 due date: <b>March</b></li> </ul> | <input type="checkbox"/> Six equal payments:<br><ul style="list-style-type: none"> <li>▪ First payment due upon approval of transfer application.</li> <li>▪ Payment #2 due date: <b>October</b></li> <li>▪ Payment #3 due date: <b>December</b></li> <li>▪ Payment #4 due date: <b>February</b></li> <li>▪ Payment #5 due date: <b>March</b></li> <li>▪ Payment #6 due date: <b>May</b></li> </ul> |
|---|---|

**Principal's Recommendation:**

Does the transfer request meet established criteria? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Does the student have excessive violations (absences, tardies, early dismissals)? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does the student receive any special services? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

***A student receiving special education services requires review of the child's IEP and placement.***

Signature of Receiving Principal

Date

Signature of Director of Exceptional Children

Date

**For Administrative Use Only:** Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Superintendent

Date

Approved by the Dare County Board of Education: \_\_\_\_\_