

ORANGE COUNTY PUBLIC SCHOOLS

STUDENT TRANSFER APPLICATION

INSTRUCTIONS: The parent/guardian must complete Part I, sign, and submit the application to the requested school principal. All necessary documents must accompany this request. Student transfers are granted on a space- and program-available basis. **Please submit a separate form for each child.**

PART I STUDENT TRANSFER REQUEST (please print)

Student Name: _____
LAST FIRST MI

For School Year: _____ Base School: _____ Requested School: _____ Last School Attended: _____

Home Phone: _____ Other Phone: _____ Email: _____ Grade Level: _____

Parent/Guardian Name: _____ Does your student have an IEP? YES NO

Address: _____ Is your student identified as Gifted? YES NO

STREET

Is your student an ESL learner? YES NO

_____ CITY STATE ZIP CODE

REASON FOR REQUEST: (choose ONLY one)

- Child care arrangements – *Attach Child Care Verification Form*
- Specific medical, emotional, or adjustive needs – *Attach professional documentation from doctors, psychologist, etc.*
- Student of part-time or full-time school division employee who resides in Orange County – *Student must reside with the division employee*
- Student is a victim of a violent crime pursuant to Virginia Code or attends a VDOE-identified persistently dangerous school
- Other extenuating circumstances and/or extreme family hardships – *Attached detailed documentation*

I understand if the transfer is approved: 1) transportation is not provided by OCPS for students attending school on an approved transfer; 2) per Policy JCA and JEC, transfers may be revoked due to lack of attendance, discipline referrals, or if the reason the transfer was approved is no longer valid; and 3) the student must be an Orange County resident.

I understand it is a misdemeanor to make false statements as to school division or attendance zone residency.
 I certify that all the information on this application is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

PART II REQUESTED SCHOOL USE ONLY

Requested School: _____ Approved: Pending Capacity Denied: Does Not Meet Criteria
Building Approved Capacity Constraints

Comments: _____

Principal's Signature: _____ Date: _____

After Part II is complete, send form and any attachments to the Executive Director of Student Services and Special Education.

PART III SPECIAL EDUCATION/ ADMINISTRATIVE RECOMMENDATION (office use only)

Program Available Not Available Comments: _____

Signature: _____ Date: _____

PART IV CENTRAL OFFICE USE ONLY

Date Reviewed: _____ Received By: _____ Code: _____

Appeal: Approved Comments: _____
Denied

Signature: _____ Date: _____