

Request for School Transfer

School Year of Request _____ Anticipated Grade Level _____

Today's Date _____

Name of Student _____ Date of Birth _____
Last First Middle

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Telephone Number (Home) _____

(Cell) _____

Franklin County School You Wish to Attend _____

Name of Current Resident School District _____

Reason for Request: (Must check one)

____ Parent is Full Time employee of FCPS (no tuition required).

School/Department _____

____ Student lives in district other than Franklin County Public Schools (tuition may be required).

____ Anticipated change of address: Must provide a notarized copy of Rental/Lease Agreement or
Builder's Contract.

____ Other Reason _____

- It is the responsibility of the parent/guardian to provide transportation to and from school for this student.
- All requests for transfer are approved for one (1) year and must be submitted annually to the Principal for approval. You will be notified approximately fifteen 15 days prior to the opening of school whether your transfer has been approved or denied.

Parent /Guardian Signature and Date _____

FOR OFFICE USE ONLY

Receiving Principal's Signature/Date (Required if approved) _____

Sending Principal's Signature/Date _____

Superintendent /Designee (DPP) _____

Request Approved _____ Request Denied _____ Date _____

Date _____ Reason _____

White Copy –Central Office

Canary Copy – School

Pink Copy - Parent

Review/Revised:6/6/2022