

Laurens County School District

2024-2025 Student In-District Transfer Request Form

Student's Full Name: _____

Gender: Female Male Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian's Name (s): _____

Address: _____
Residence 911 Address *Mailing Address (P. O. Box)*

City, State, & Zip Code *City, State & Zip Code*

Home Phone #: _____

Mom's Cell #: _____

Mom's Work #: _____

Dad'S Cell #: _____

Dad's Work #: _____

Is the student provided any Special Education Services at their current School? Yes No

If yes, list services provided? _____

Can you provide a verification of your address? Yes No (if yes, please provide a copy)

Can you provide a (parent/guardian) photo ID? Yes No (if yes, please provide a copy)

Please list the reason for the In-District School Transfer Request: _____

- | Transferring FROM |
|---|
| <input type="checkbox"/> Southwest Laurens Elementary |
| <input type="checkbox"/> Northwest Laurens Elementary |
| <input type="checkbox"/> West Laurens Middle |
| <input type="checkbox"/> West Laurens High |
| <input type="checkbox"/> East Laurens Primary |
| <input type="checkbox"/> East Laurens Elementary |
| <input type="checkbox"/> East Laurens Middle |
| <input type="checkbox"/> East Laurens High |

- | Transferring TO |
|---|
| <input type="checkbox"/> Southwest Laurens Elementary |
| <input type="checkbox"/> Northwest Laurens Elementary |
| <input type="checkbox"/> West Laurens Middle |
| <input type="checkbox"/> West Laurens High |
| <input type="checkbox"/> East Laurens Primary |
| <input type="checkbox"/> East Laurens Elementary |
| <input type="checkbox"/> East Laurens Middle |
| <input type="checkbox"/> East Laurens High |

I do hereby authorize release of student records and I understand falsification of any information is basis for denial of transfer request: and I agree to an interview with the principal of the school my child wants to attend.

Withdrawal Date: _____

Start Date: _____

Parent/Guardian's Signature: _____ Date: _____

Centralized Registrar's Signature: _____ Date: _____

Receiving School Principal Acceptance/Denial	
<input type="checkbox"/> ACCEPT/APPROVED	<input type="checkbox"/> DENIED (Reason: _____)
Principal's Signature: _____	Date: _____

Laurens County School District - Request/Authorization to Release School Record

2023-2024

Student Full Name:	Date of Birth	Age	Grade
Name of Last School Attended	Telephone #	Fax #	
School Address	City	State	Zip Code

Parent/Guardian's Name: _____

Address: _____

Contact Number: _____

Is the student receiving any of the following services? (If yes, please select all which apply)

- Gifted 504 Plan ESOL EIP Class Placement (K-5)
 RTI Speech IEP

Is the student currently: Suspended from your school: YES No In Alternative School: YES NO

Please release the following records:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Report Card & Withdrawal Grades | <input checked="" type="checkbox"/> Transcript Records |
| <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Cumulative School Records |
| <input checked="" type="checkbox"/> Social Security Card | <input checked="" type="checkbox"/> Medical & Health Records |
| <input checked="" type="checkbox"/> Birth Certificate | <input checked="" type="checkbox"/> Gifted Eligibility Reports |
| <input checked="" type="checkbox"/> Immunization Record (GA Form 3231)
<i>(Certificate of Immunization)</i> | <input checked="" type="checkbox"/> IEP (Individual Education Plan) |
| <input checked="" type="checkbox"/> EED (GA Form 3300)
<i>(Certificate of Eye, Ear, Dental & Nutrition)</i> | <input checked="" type="checkbox"/> (ALL Special Education Reports, Speech) |
| <input checked="" type="checkbox"/> Discipline Record <i>(Initial if none_____)</i> | <input checked="" type="checkbox"/> RTI Paperwork (Federal Mandate) |
| <input checked="" type="checkbox"/> State Test Scores | <input checked="" type="checkbox"/> ELL Records |
| <input checked="" type="checkbox"/> Standardized Test Scores | <input checked="" type="checkbox"/> Psychological Records |
| | <input checked="" type="checkbox"/> SST Records (Student Support Team) |
| | <input checked="" type="checkbox"/> 504 Records |

Please FAX or EMAIL records to the facility selected below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Centralized Registration
mandyjessup@lcboe.net
(478) 272-4767 Phone #
(478) 984-4831 Fax # | <input type="checkbox"/> East Laurens Primary
ednawilliams@lcboe.net
(478) 272-4440 Phone #
(478) 272-7815 Fax # | <input type="checkbox"/> East Laurens Elementary
staceybrooks@lcboe.net
(478) 272-8612 Phone #
(478) 277-2641 Fax # |
| <input type="checkbox"/> Southwest Laurens Elementary
janashields@lcboe.net
(478) 984-4276 Phone #
(478) 984-4711 Fax # | <input type="checkbox"/> Northwest Laurens Elementary
pennysanders@lcboe.net
(478) 676-3475 Phone #
(478) 676-2246 Fax # | <input type="checkbox"/> East Laurens Middle
charlinefoskey@lcboe.net
(478) 272-1201 Phone #
(478) 609-2176 Fax # |
| <input type="checkbox"/> West Laurens SGA/Middle
marcibaggett@lcboe.net
(478) 272-8452 Phone #
(478) 609-2202 Fax # | <input type="checkbox"/> East Laurens High
monicareed@lcboe.net
(478) 272-3144 Phone #
(478) 609-2175 Fax # | <input type="checkbox"/> West Laurens High
juliasanders@lcboe.net
(478) 875-1000 Phone #
(478) 875-2860 Fax # |

Parental permission is NO longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act. Final Rule on Education Records Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673)

School Registrar's Signature: _____ Date: _____