

**TROUP COUNTY SCHOOL SYSTEM**  
100 North Davis Road, Building C LaGrange, GA 30240

Rev. 6/24

**SCHOOL TRANSFER APPLICATION FOR 2024-2025 SCHOOL YEAR**

Under a 2009 state law (O.C.G.A. § 20-2-2131), parents may request a transfer to another public school within their local school district. All applications and related decisions are subject to the Troup County School System's procedures and guidelines governing student transfers and appeals. All applications must have proof of current address.

Student I.D. # \_\_\_\_\_ (assigned by school system)

Student Name \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ **2024-2025 Grade Level** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Current School Assignment \_\_\_\_\_

Requesting Transfer to: First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

(Third Choice option applicable to Elementary Schools only)

\* Does student receive free or reduced lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Does the student require special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Does the student require ELL services? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**PLEASE READ THE FOLLOWING CAREFULLY**

- Approved transfers will allow the student to attend the requested school until the student completes all grades of the school.
- The parent(s) will assume all costs associated with transporting the child to and from the selected school.
- Approved transfers will require the student to remain at the new school for the entire 2024-2025 school year unless the student withdraws from the Troup County School System.

*I have read and understand the directions for applying for student transfers. I agree to abide by the procedures of Troup County School System. I testify that all of the information on this form and the documentation submitted with my request are true and accurate. I understand that failure to comply with these conditions, or falsification of any portion of this application will result in the denial or revocation of my request.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Transfer to (school) \_\_\_\_\_ Application Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied based on: \_\_\_\_\_

School System Official Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

School System Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_