

## Application for In-County Pupil Transfer **2024-2025** school year

**For students who live *within* Roanoke County and are requesting a transfer within Roanoke County Public School System**

<b>STUDENTS NAME</b>			<b>DATE OF BIRTH</b>
<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
Is student in Special Education or has student had an active individualized educational program (IEP) at any time during the last school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what Special Education Program? _____			

<b>SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED</b>	<b>SCHOOL REQUESTED FOR 2024/25</b>		
<b>SCHOOL WHERE STUDENT CURRENTLY LIVES</b>	<b>CURRENT GRADE LEVEL</b>	<b>2024/25 GRADE LEVEL</b>	<b>STUDENT'S ID #</b>
<b>REQUIRED DOCUMENTATION: MUST be received by requested school before transfer request will be considered. (1<sup>ST</sup> THRU 12<sup>TH</sup> GRADE ONLY)</b> <b>1) attendance report, 2) discipline report, 3) most recent report card, 4) mortgage/lease and 5) Authorization for release/exchange of record information.</b>			
<b>REASON FOR REQUEST</b> (Please provide a brief explanation): _____ _____			
Are there siblings already enrolled in Roanoke County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, where? _____			

<b>NAME OF PERSON MAKING REQUEST</b>	<b>RELATIONSHIP TO STUDENT</b>	
<b>HOME ADDRESS</b>	<input type="checkbox"/> Parent (with legal custody)	
_____	<input type="checkbox"/> Legal guardian	
_____	<input type="checkbox"/> Other (specify) _____	
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>BEST CONTACT NUMBER</b>	<b>PARENT/GUARDIAN EMAIL ADDRESS</b>
_____	_____	_____

My signature on this request verifies all information to be true and confirms my understanding of the following:	
1) I have read in its entirety and fully understand the Roanoke County School Board Resident and Nonresident Policy (7.02).	
2) I understand and agree that all required documentation must be submitted before transfer request will be considered.	
<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
_____	_____

**Completed applications must be mailed to: Tammy Newcomb, Executive Director of Administration**  
**Roanoke County Schools**  
**Attn: Student Transfers**  
**5937 Cove Road**  
**Roanoke, VA 24019-2403**

Please call Paula Williams at 540-562-3900 ext. 10120 or email pbwilliams@rcps.us with questions.

Office Use: