

Dr. Jesse J. Pratt
Superintendent



HERTFORD COUNTY PUBLIC SCHOOLS STUDENT TRANSFER FORM

Return form to: Hertford County Public Schools, Attn: Superintendent, P.O. Box 158, 701 N. Martin Street, Winton, NC 27986
Phone: 252-358-1761 Fax: 252-358-0174

PLEASE PRINT OR TYPE

REQUEST IS BEING MADE FOR SCHOOL YEAR OF: _____

Parent/Legal Guardian: _____

Physical Street Address (required) and P.O. Box (if applicable): _____

City/State/Zip: _____ Phone No: _____

School District You Currently Reside In: _____

Name of Child:	Date of Birth:	Age:
School Your Child Is Assigned To Attend:		
School Currently Attending or Last Attended:		Grade:
School Requesting to Attend:		Grade:
Reason(s) for Request: (Attach additional sheet if necessary. This information is required.)		

If your child is currently enrolled in or has been previously enrolled in an exceptional children's program, please check the appropriate services below:

AIG__ ED__ LD__ Hearing Impaired__ Multi-disabled__ Orthopedically Impaired__ Visually Impaired__
Speech/Language Impaired__ Other _____

Has your child been tested for an exceptional children's program? Yes_____ No_____

Does your child require 504 accommodations or other medical attention? If yes, please specify: _____

NOTICE

All transfers are granted based on availability of space.

Written notification of the Superintendent's decision must be received by the parent/legal guardian prior to the enrollment process.

Transportation for your child to and from the approved school is the sole responsibility of the parent/guardian.

Tuition will be charged to all students enrolling in Hertford County Public Schools who reside in another school district.

Transfer requests for each subsequent school year must be submitted annually.

Acceptance, even when enrollment has been allowed, is subject to approval by the Boards of Education involved, by the superintendent, and by the principal of the school where the student is assigned.

(Please complete the information on the back of this page.)

Students who are not living with his or her parents, a single parent who has legal custody or a legal guardian who is a permanent resident of the county are not considered residents of Hertford County and must obtain a release from the school system in which they are domiciled. Review of a request for transfer will take place when we receive the release from the school system to which the child is assigned and this completed form.

_____ Date of Application

_____ Parent/Guardian's Signature

IF YOU ARE SEEKING ADMISSION TO HERTFORD COUNTY PUBLIC SCHOOLS FROM ANOTHER SCHOOL DISTRICT IN THE STATE OF NORTH CAROLINA OR FROM ANOTHER STATE, PLEASE COMPLETE THE FOLLOWING INFORMATION IN THE PRESENCE OF A NOTARY.

Is this child currently under a term of suspension or expulsion from attendance at a private or public school?
Yes _____ No _____

Has this child been convicted of a felony? Yes _____ No _____

(In accordance with Hertford County Public Schools Policy Code 4115, Behavior Standards for Transfer Students, the student's parent, guardian or custodian must provide a statement made under oath or affirmation before a notary indicating (1) whether at the time of the admission request the student is under suspension or expulsion from attendance at a private or public school in this or any other state (2) whether the student has been convicted of a felony in this or any other state.)

I, _____, do declare, certify and state under penalty of perjury that the forgoing statements are true and correct to the best of my knowledge.

This, the _____ day of _____ (month), _____ year.

Signature _____

This section to be completed by a Notary Public.

On this the _____ day of _____, _____, personally appeared before me, the said named _____, to me know and known to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Printed Name of Notary Public _____

Signature of Notary Public _____

My Commission expires _____

FOR CENTRAL OFFICE USE ONLY

TYPE OF REQUEST: _____ Release _____ Acceptance

APPROVED _____

DENIED _____

Signature of Superintendent _____

Date _____