

Harris County School District Public School Choice Transfer Request Form

Parents: Please complete this form and email to carey-t@harris.k12.ga.us.

Subject should be listed as: HB251 and Child's Last Name. Example: HB251 Johnson

If mailing, please address to: Harris County School District, ATTN: Thalia Carey, HOPE Center Secretary, at 106 Mountain Creek Dr, Hamilton, Georgia 31811.

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. If you want to request a transfer, please complete the information below.

Parent Transfer Request Form (Must Be Completed by Guardian of Student)

Student Information

Date _____ Student's Name _____

Grade _____ Birth Date _____ Age _____

Name of Custodial Parent or Guardian requesting transfer _____

Home Address _____

Street _____ City _____ State _____ Zip _____

Phone _____ E-Mail (if available) _____

Harris County District School the student is zoned to attend in (2025-2026) _____

Name of School

I, _____, am requesting a transfer for _____

Name of Parent/Guardian

Student's Legal Name

To attend one of the following other schools in the district. I fully understand that my child may only receive my first choice of schools if space is available at the time this request is approved by the local school district. I fully understand that if my request is approved I am responsible for assuming all costs and responsibilities associated with providing transportation to the school.

Parent/Guardian Ranked List of Schools for Transfer (if more than one school is available and parents wish to request a second choice)

1. _____

2. _____

Parent/Guardian Signature

Date

FOR SCHOOL DISTRICT USE ONLY

The Harris County School District has received this parental request from the parent/guardian on the following date:

(Time and Date Stamp) _____

Please make three copies of this form:

- One for the parent,
- One for the school, and
- One for the school district to keep on file.