

TRANSFER STUDENTS AGREEMENT

DATE _____

STUDENT NAME(S) _____ Grade (2026-2027) _____
_____ Grade (2026-2027) _____
_____ Grade (2026-2027) _____
_____ Grade (2026-2027) _____

PARENT/GUARDIAN: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER(S) _____

I request that my child be transferred from _____ School District.
(Name of School District which you currently reside in.)

Requesting transfer for the **2026-2027 school year.**

Check School below wishing to transfer to:

Greensburg Elementary _____ Greensburg Jr. High _____
Greensburg High School _____ Greensburg Jr./Sr. Virtual School _____

(School your child attended for the 2025-2026 school year)

I understand that this transfer, if approved, may be temporary and my child may have to return to the school in our attendance area if overcrowding or other factors influencing the educational program or student well-being makes the transfer no longer feasible. If your child has an IEP, it must be provided to GCS before admittance will be considered.

I have read the Transfer Students Policy and agree to abide by all the requirements.

Parent Signature

Parent Printed Name

Date

APPROVED _____
DENIED _____

SCHOOL OFFICIAL
DATE: _____

**TRANSFER REQUEST
WILL BE ACCEPTED
UNTIL JUNE 1, 2026.**