REQUEST FOR STUDENT TRANSFER

Vance County Schools
1724 Graham Avenue, P.O. Box 7001
Henderson, N.C. 27536

Date of Request_____ For School Year **2026-2027** Student's Date of Birth _____

Student's Name_____ Age _____ Race_____

Circle Grade Level: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Parent Name(s) _____

Home Telephone Number_____ Cell Telephone Number_____

Address_____
Street/PO Box City Zip

Email Address: _____

County/School in which student is currently enrolled _____

County/School to which you are requesting reassignment AdVance Academy

This approval is for this school year only and must be renewed annually.
If your request is for an out of district school, parents are responsible for transportation.

Write a detailed statement for requesting a school assignment change.

FOR OFFICE USE ONLY

☐ RECOMMEND APPROVAL [☐ RECOMMEND DISAPPROVAL BY _____ DATE_____

☐] APPROVED ☐] DISAPPROVED BY SUPERINTENDENT _____DATE_____