



APPLICATION FOR ACCEPTANCE/RELEASE

Release From: _____ Acceptance to _____
School County School County
School Year: _____ Date of Application: _____ New/Renewal: _____.

Note: If this is a New Request the following additional information will be required:

Attendance Records

Report Card/Transcript

Discipline Report.

Student Full Name: _____ DOB: _____ Grade for 2026-27 _____
Current Address: _____ Last School Attended: _____
Special educational needs of student (check All that Apply): _____None _____Academically & Intellectually Gifted
_____504 Plan _____Exceptional Children/EP _____English as a Second Language _____Other _____

List school sports student has participated in during the past 12 months: _____

Mother/Legal Guardian: _____ Email Address: _____
Current Address: _____ Phone: _____
Street Address City State Zip
Employer's Name & Address: _____ Phone: _____
Father/Legal Guardian: _____ Email Address: _____
Current Address: _____ Phone: _____
Employer's Name & Address: _____ Phone: _____

Reason for Request:

Certification Statement: (Please initial each statement to indicate that you **have read** and **understand** the following)

I understand:

- _____ The transfer decision is valid only for the current school year.
_____ I am responsible for on time transportation to and from school.
_____ I will receive written notification of the transfer decision.
_____ If this application is incomplete it will be returned and not processed.
_____ My child is not under suspension or expulsion at any school.
_____ My child has not been convicted of a felony.

My signature certifies that I have completely and accurately answered the information on this application.

(Parent/Legal Guardian Name-Print)

(Signature of Parent/Legal Guardian)

(Date)

Requirements for Transfer Approval: Students whose applications for transfer are approved must adhere to the following stipulations:

- 1) Provide transportation to and from school
- 2) Comply with the district's attendance policy
- 3) Exhibit exemplary conduct
- 4) Maintain the academic average for promotion to the next grade level

A PRINCIPAL CAN RECOMMEND THAT A TRANSFER BE REVOKED IF ANY OF THE STIPULATIONS ARE NOT MET OR IF THE TRANSFER WAS GRANTED UPON FALSE OR MISLEADING INFORMATION.

This release becomes effective when the administrative unit to which this child request admission, affirms by its Superintendent/ Designee that the child will be accepted and enrolled for the entire school term and is approved by the releasing Board of Education. That unit, in approving the release, does not accept any responsibilities for transportation, textbooks, tuition payment, nor any costs incidental to the child's enrollment in any school outside the administrative unit. **Request can only be made and granted for one school year at a time.**

Please Print Name

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Recommendation by Principal: _____

Signature of Principal

Date

In compliance with federal law, the Kannapolis City School System administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

Action by Board of Education: _____

Signature of Administrator

Date

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This certifies that your application for _____ has been _____ for the _____ school year by Kannapolis City Schools.

1. Transfers can only be requested and approved for **One School Year** at a time and is contingent upon release of school system assigned to your home address.
2. Releases are granted on the basis of the information provided in your application, as well as your acceptance to the desired system. **To continue your child's attendance in a school outside of the resident county, you must make a request for release before each school year.**

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