

CASE # _____

NEW _____

RENEWAL _____

LAWRENCE COUNTY SCHOOL SYSTEM STUDENT MOBILITY AND TRANSFER REQUEST FORM

STUDENT'S NAME _____ GRADE (26 - 27) _____ RACE _____

HOME ADDRESS _____ PHONE NUMBER _____
(Home address must be the student's primary residence)

CITY _____ STATE _____ ZIP CODE _____

Requested Effective Date _____ (*August* for Fall Semester or *January* for Spring Semester)

Current School _____ Requested School _____

Student lives in the _____ (school) attendance zone

I, the undersigned parent/guardian, hereby request that my child be allowed to transfer to the requested school, based upon the following provision in the Student Mobility Policy:

- | | |
|---|--|
| a. _____ Administrative Transfer | e. _____ Majority-to Minority Transfer |
| b. _____ In-county child of School-Based Employee | f. _____ Hardship Transfer |
| c. _____ Out-of-county child of School-Based Employee | g. _____ Out-of-County Student |
| d. _____ No-Child-Left-Behind Transfer | |

(If the request is based on b or c above, please state the school where the employee is employed _____)

Attached hereto, in support of the transfer request, is each of the following information:

1. Current copy of the deed to my property (for homeowners) or a copy of my lease (for renters)
2. A copy of a current utility bill showing name of parent/guardian and property address
3. Letter of Explanation (Administrative Transfer Only)

Parent/Guardian Signature _____ Date _____

The transfer application must be submitted by June 1 for an August effective date, and October 1 for January effective date. The Student Mobility Committee will then determine which requests are both complete and meet the requirements as outlined in the Student Mobility Transfer Policy. That committee will then submit those requests to the Lawrence County Board of Education for final action.

The Student Mobility Request forms may be hand-delivered or mailed to Lawrence County Board of Education, 14131 Market Street, Moulton, AL 35650. You may contact the Lawrence County Board of Education at (256) 905-2400 for additional information.

*****OFFICE USE ONLY*****

Date Request Received _____

Received By _____

Request and All Requested Information:

Complete _____ Incomplete _____

Incomplete Notice given on _____ (date)

Committee Approved _____ (date)

Committee Denied _____ (date)

Board Approved _____ (date)

Board Denied _____ (date)

Notification to Parent/Date _____
(Letter Attached)

Certified Mail No. _____ (date)