BURKE COUNTY PUBLIC SCHOOLS

2026-2027 Application for Student Transfer

OPEN ENROLLMENT: MARCH 30th - MAY 1st

During open enrollment, a fee of **$50** per school is required at the time of application.
After May 1st, the fee increases to **$100** per school. Applications are **not** processed until the fee is paid in full.

BE ADVISED:

~Payment is **non-refundable** and does not guarantee approval of transfer.
~Students with poor attendance (excessive absences, tardiness, early dismissals), and/or excessive discipline incidents are **not** eligible for transfer.
~Transfers are not granted to accommodate athletics. Contact the BCPS Director of Secondary Education for clarification.

The following schools are NOT accepting new transfer students. Students within the feeder pattern may apply.

**With the exception of students with siblings already attending, BCPS employees, or extenuating circumstances approved by the director of Elementary or Secondary Education.*

- **Mt. View Elementary**-Students accepted into the Global Immersion Academy will be given instructions regarding transfers.
- **North Liberty School**
- **East Burke Middle School**
- **Heritage Middle School**
- **Liberty Middle School**
- **Table Rock Middle School (closed for 7th grade transfers)**
- **Walter Johnson Middle School (closed for 6th grade transfers)**
- **Freedom High School**
- **Additional schools may close to transfers during the school year due to enrollment numbers.**

***_____Check here if you are an employee of BCPS. Location?_____**

Parent/Guardian Information:

Name:_____ _____ _____ **Relationship to Student:**_____
(Last Name) *(First Name)* *(middle Initial)*

Home Address_____
(Number & Street Name) *(City)* *(Zip Code)*

Mailing Address_____
(Number & Street Name) *(City)* *(Zip Code)*

Preferred Phone _____ **Alternate Phone** _____

Email Address_____

Student #1

Name_____ **Date of Birth**_____
(Last Name) *(First Name)* *(middle Initial)*

Grade_____ **Is student currently enrolled in school?**_____ **If yes, which school**_____
(2026-2027 school year)

Requesting transfer to:1st choice:_____2nd choice:_____3rd choice:_____

Student #2

Name_____ **Date of Birth**_____
(Last Name) *(First Name)* *(middle Initial)*

Grade_____ **Is student currently enrolled in school?**_____ **If yes, which school**_____
(2026-2027 school year)

Requesting transfer to: 1st choice:_____2nd choice:_____3rd choice:_____

Student #3

Name_____ **Date of Birth**_____
(Last Name) *(First Name)* *(middle Initial)*

Grade_____ **Is student currently enrolled in school?**_____ **If yes, which school**_____
(2026-2027 school year)

Requesting transfer to: 1st choice:_____2nd choice:_____3rd choice:_____

Reason for requesting transfer: _____

BCPS Board of Education Policy 4150-R

Before an out of county transfer will be considered, an academic release form from the county in which you reside must be submitted. If transfer is approved, completion of the release form is required annually at the beginning of each school year.

Athletic eligibility requires an additional release completed by the school's Athletic Director. This form must also be approved by the NCHSAA.

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As the student's parent or legal guardian, I hereby affirm that I have read the Student Assignment and Transfer policy (BOE Policy 4150-R)**, and that the information I have provided is complete and accurate.**

In submitting this request for transfer, I agree to the following conditions:

- **Provide daily transportation to and from school.**
- **Ensure good attendance** *(no excessive absences, tardies, and/or early dismissals)*
- **Ensure good academic progress including completion of homework assignments.**
- **Ensure acceptable behavior, and maintain good discipline.**

If approved, I understand that attendance and discipline records will accompany my child to the receiving school, and that I will still be required to attend any attendance/discipline meetings scheduled prior to this transfer.
I understand that the principal's signature is a recommendation, and that the final approval of this request rests with the Superintendent or his/her designee.
I understand that an approved transfer can be revoked at any time for failure to uphold the conditions listed above, or other considerations within Policy 4150-R.

_____ _____

Signature of Parent/Legal Guardian **Date**

Principal

_____Recommends transfer

_____Does not recommend transfer. Reason:_____

Signature_____ Date_____

Elementary/Secondary Director

_____Recommends transfer

_____Does not recommend transfer. Reason:_____

Signature_____ Date_____

Superintendent/Designee Signature

_____Recommends transfer

_____Does not recommend transfer. Reason:_____

Signature_____ Date_____