

PRESTON COUNTY SCHOOLS
REQUEST FOR IN-COUNTY ATTENDANCE TRANSFER (DUE BY JULY 1st Annually)

Student: _____ Age: _____ Date of Birth: _____

Father: _____ Mother: _____

Address: _____

Telephone: _____ Email: _____

Directions to Home: _____

REQUEST TO WITHDRAW FROM

Grade: _____ at _____ School.

Reason for Request (check all that apply): DESCRIPTIONS OF REASON FOR REQUEST MAY BE PLACED ON BACK OF FORM

_____ Previously Attended School (please list academic years) _____

_____ Siblings Requesting Same School (please list name of sibling) _____

_____ Child of an Employee at the school being requested. (list name of employee) _____

_____ Child Care Issue / Extreme Hardship / Proximity to Parent Workplace/Relative / School Size

_____ Other

(School of Origin Principal Signature)

(Date)

REQUEST TO ENROLL IN

Grade: _____ at _____ School.

(Receiving School Principal Signature)

(Date)

Approved: _____ Denied: _____

I understand and agree that this transfer is contingent upon the class size enrollment. Should this grade level exceed the maximum capacity of students enrolled from this attendance area at any time during the school year, it may be necessary for my child to return to the school in our home attendance area. I also agree to provide transportation as required by Preston County Schools' Policy 11-6 & 6-A.

Parent Signature: _____

Date: _____

Approved: _____ Denied: _____

Spec. Ed. Director: _____

Date: _____

Approved: _____ Denied: _____

Attendance Director: _____

Date: _____

Approved: _____ Denied: _____

Transportation: _____

Date: _____

Approved: _____ Denied: _____

