

Request for Student Transfer (_____ - _____ School Year)

Under policy of the Union County Public Schools Board of Education, students must attend school in the area of their permanent residence or domicile, except when board policy may justify a transfer. To request a transfer, this form must be completed by the student's parent or legal guardian and mailed or delivered to the address listed below. **Note: The parent assumes responsibility for transportation to and from school for approved transfers.** Transfers are only effective for the current school year. **(High school students granted an initial transfer waive the right to practice and participate in athletic activities for two semesters.)** If approved, this is your child's final assignment for this school year. Please complete all applicable items to avoid a delay in the processing of your application.

1. Name of Student: _____ Grade for year requested: _____
(LAST) (FIRST) (MIDDLE)
2. Race: American Indian Asian Black Hispanic Multi Racial White Other
3. Sex: Male Female
4. Is your child enrolled in an exceptional children's program? Yes No
5. Name of Parent(s)/ Legal Guardian(s) _____ Telephone #: Home _____ Work: _____ Ext. _____
Cell: _____
6. Permanent Address _____
(Street No.) (Street Name) (Apt. No.) (City) (Zip)
7. * Temporary Address _____
(Street No.) (Street Name) (Apt. No.) (City) (Zip)
- * Temporary Address is the home that you are currently living in until the house you are building is complete.
* Permanent address is the address of the house that you are constructing.
* If you are building a new home please be sure to attach a copy of your signed contract on the house with the estimated closing date.
8. I am requesting a transfer for my child to (write or type in the name of the school): _____ School
9. Student is presently attending: _____ School Student is assigned to: _____ School
10. **Attach a statement (or list on the back of the form) giving the specific reasons for requesting a transfer.**
11. Are you an employee of Union County Public Schools? Yes No Assigned school: _____ School
Position: _____
of hours per week: _____

By signing below, I certify that all the information provided is correct. I understand that if false information has been provided, it may result in immediate denial of this transfer.

Signature of Parent/Legal Guardian _____ Date _____

For Office Use Only: Approved Denied By: _____

Please Mail This Form To:

Union County Public Schools
Attn: Student Transfers
400 North Church Street
Monroe, NC 28112
704-296-1006 Fax #: 704-282-2171

If the transfer request for your child is approved, please go to the newly assigned school and register your child.