

## 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. Transfers are only effective for the current school year. Please complete all applicable items to avoid a delay in the processing of your application. **Note: The parent assumes responsibility for transportation to and from school for approved transfers. High school students granted an initial transfer waive the right to practice and participate in athletic activities for two semesters.**

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  
Phone: 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.***