

DEADLINE

JUNE 8, 2010

NO EXCEPTIONS

2010-2011

CLAYTON COUNTY PUBLIC SCHOOLS

**APPLICATION FOR
STUDENT TRANSFER**

DATE SUBMITTED

DATE OF DECISION

Approved Denied

Notifications will be mailed no later than Monday, July 19th.

Which transfer request are you applying for?

Clayton County Board of Education Employee Medical Childcare

Have you previously submitted an application for 2010-2011?

Yes No

Please Print

Student Information

Student Name _____ DOB _____ Grade Level Entering for 2010-2011 _____

Address _____ Telephone # _____
Number/Street/Road Apt. # City/State Zip

School currently attending _____

Transfer school requested _____
First Choice Second Choice

For Special Education Use Only:

Services can be provided at neighborhood school/feeder center school: Yes No

Space is available at requested school: Yes No

IEP can be implemented at requested school: Yes No

Approved by Special Education: Yes No

Signature of Special Education Administrator

ADMINISTRATIVE PROCEDURE

Submit applications to: Transfer Request Committee
Clayton County Public Schools
Student Services
2260 Old Rex Morrow Road
Morrow, Georgia 30260
404-362-3799 Fax

Clayton County Board of Education Employee

By completing this application, you are stating that you will be a full time employee for the 2010-2011 school year.

Employee Name (Must be Parent/Guardian) _____ Employee ID# (6 Digits): _____

Employee's School/Headquarters: _____ Position: _____

Child Care Hardship - Administrative Procedures

For a child care hardship to be approved, both parents must be employed full-time (if only one parent is in the home that parent must be employed full-time) and the **child care center or sitter must be located in the attendance zone of the requested school**. If child care arrangement is ever discontinued during the school year (i.e. the child no longer attends the child care center or with the sitter) then the student will return to the home school. Also if the parents or guardian's residence, full-time employment or work schedule changes, the Hardship Committee should be notified immediately.

Parent/Guardian One:

Employer's Name: _____ Employer's Address: _____

Employer's Telephone #: _____ Hours Worked Each Day: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Two:

Employer's Name: _____ Employer's Address: _____

Employer's Telephone #: _____ Hours Worked Each Day: Monday Tuesday Wednesday Thursday Friday

Name of Child Care Center or Provider : _____ Address: _____

Hours of Child Care Provided: Monday Tuesday Wednesday Thursday Friday

I certify the child care arrangements listed above are correct and I will notify the school and Student Services office if the arrangements change.

Signature of Child Care Provider: _____ Telephone: _____

Medical Hardship - Administrative Procedures

Consideration is given to request for a student transfer from the home school to the next closest school (enrollment factored in) based on documented physical, psychological or emotional problems. The student's physician or psychologist must provide a written recommendation and professional opinion including the specific medical reasons (physical, emotional, and/or psychological) for the recommendation and the stipulation of his/her willingness to defend the recommendation. The parent can also include a cover letter indicating any additional information that might help the Hardship Committee understand the reasons for the requested placement. **Each year, the student's physician (D.O. or M.D.), clinical psychologist (Psy.D), or psychiatrist (M.D.) must substantiate that request.**

**Falsification of any information given on the form will result in the immediate revocation of the transfer.
The committee's decision is final.**

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name: _____ Daytime Telephone Number: _____

Clayton County Public School buses are not available to transport hardship transfer students; parent must provide transportation to and from the approved school. All transfer students are expected to attend school regularly and on time, avoid excessive check-outs, be picked up promptly after school, conduct themselves in a manner appropriate for school and do their work to the best of their ability. Students who fail to maintain these standards may be transferred back to their home school.

It is the responsibility of the student/parent to confirm sports/activities eligibility with GHSA.

A student may not apply to attend a school which does not have courses necessary for that student's graduation, or a school which does not have the program with the services agreed to in the student's existing individualized education program.

I certify all the information given is true and accurate to the best of my knowledge. If a transfer is granted on false information, it is subject to revocation.

Signature of Parent or Legal Guardian: _____ Date: _____