

**ROBERTSON COUNTY SCHOOLS
REQUEST FOR SCHOOL TRANSFER**

Request for school year _____
Request must be approved annually

Employee (principal signature required)

Other Reason

Student Name _____

Ethnicity Hispanic _____ Non-Hispanic _____

Race (check all that apply) American Indian/Alaskan Native _____ Pacific Islander/Native Hawaiian _____
Asian _____ White _____ African American _____

911 Address (parent/guardian) _____

Contact numbers (parent/guardian) _____

Student's Age _____ Grade (year requested) _____

School presently attending _____ Have you previously requested Ooz? __Yes __No

School assigned by virtue of residence _____

School to which reassignment is requested _____

Reason for request (check one)

1. Students of actively employed faculty/staff (School where employed: _____)
Principal signature is required below.
2. Safety of the Student -- documentation from building principal, DCS, and/or law enforcement required
3. High School Course of Study – documentation from building principal and/or Curriculum, Instruction, and Assessment Department of the Central Office required
4. Hardship Transfer—documentation from principal, medical provider, psychologist/psychotherapist required

Requests made for any other reason and requests lacking documentation will be denied.

By signing below, you verify that you are the legal guardian of this student and that the information you have submitted is true and correct. Additional documentation may be required.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

FOR ROBERTSON COUNTY SCHOOLS OFFICE USE ONLY

Student ID Number (Local) _____

Action Taken Granted _____ Denied _____

Reason Granted _____ additional documentation attached

Reason Denied _____ additional documentation attached

Parent Notified (by letter) Yes _____ No _____ Date _____

Director/Designee Signature _____ Date _____

Principal Signature (if applying Reason 1) _____ Date _____

Revised 6/29/2018