

PUTNAM COUNTY SCHOOL DISTRICT
REQUEST FOR DISTRICT LEVEL OUT OF ZONE TRANSFER

Student's Name _____
(Last) (First) (Middle)

Date of Birth _____ Sex: _____ Grade: _____ Ethnicity _____

Parent's Name _____
(Last) (First) (Middle)

Address _____ City _____ Zip _____

Mailing Address, if different _____ City _____ Zip _____

E-Mail Address _____ @ _____

Zoned School _____ Requested School _____

Telephone Numbers (H): _____ (W): _____ (C): _____

REASON FOR REQUEST: To help us make a decision, please provide complete information below.

I understand that if the Principal approves the transfer request, I am responsible for providing transportation of my child to and from school. PCSD bus service cannot be utilized. **If any attendance, tardiness, or discipline issues occur during the school year the transfer may be revoked.** A transfer may be revoked if there is an attempt to utilize PCSD bus service. I agree to abide by the policies of Putnam County School District. I further acknowledge that the Principal's decision on acceptance or revocation is final. Students attending through approved waivers are permitted to attend the school of assignment from year to year as long as space is available and that student maintains an acceptable standard of behavior and attends school regularly.

I testify that all of the information on this form is true and accurate. I am prepared to provide additional notarized documents if requested. I understand that failure to comply with these conditions, or falsification of any portion of the application, will result in the denial or revocation of my request.

PARENT/GUARDIAN SIGNATURE

DATE

FOR SCHOOL USE ONLY

COMMENTS: _____

All other state and federal transfer program requests (OSP, COE, etc.) must be placed before accepting a District Level Transfer Request. These transfers may not be rescinded on students who were present for both FTE counts.

REQUEST STATUS: APPROVED

DENIED

PRINCIPAL SIGNATURE

DATE