

**Baldwin County School District Transfer Request Form
2017-2018**

**Parents: Please return this to form to BOE reception desk
110 North ABC Drive
Milledgeville Ga. 31061**

Under a 2009 state law (O.C.G.A. § 20-2-2131), parents may request a transfer to another public school within their local school district. If you want to request a transfer, please complete the information below.

Parent Transfer Request Form (Parents Must Complete)

Student Information

Date _____ Student's Name _____

Grade _____ Birth Date _____ Age _____

Name of Custodial Parent or Guardian requesting transfer _____

Home Address _____
Street City State ZIP

Phone _____ E-Mail (if available) _____

School the student is zoned to attend in 2017-2018 _____
Name of School

.....
Parent Request for School Transfer

I _____ am requesting a transfer for _____
Name of Parent/Guardian Student's Legal Name

to attend one of the following other schools in the district. I fully understand that my child may only receive my first choice of schools if space is available at the time this request is approved by the local school district.

Parent/Guardian Ranked List of Schools for Transfer (where more than one school is available).

- 1) _____
- 2) _____
- 3) _____

Parent/Guardian Signature Date