

Application for Out-of-County Transfer

2018-2019

Office of Student Assignment 511 Cleveland Street ~ Durham, NC 27701

Phone: 919.560.2059 Fax: 919.560.2414

Please read Policy #4115.1 and #4115.2 before completing this application

Student's Name:					
Last	First		Date of Bir	th	2018-19 Grade Level
Address:					
Street	Apt. #	City	County	State	Zip Code
Parent/Guardian:	Best	Best Contact #:		Email:	
School Requested:	Current Sc	chool (or last school atte	ended):		
 Is this student in good standing at his/helas this student ever been suspended of Does this student require any special see Are you an employee of Durham Pub. Out-of-county transfers at from your home school dis Student transfers are appravailable space at the school Following initial entry into the sit out 365 days from partice Exceptions for immediate at heard by a special NCHSAA. Please note that if a school is the school will be considered schools and private schools agranted by the NCHSAA transfers. What is the reason for this out-of- 	rexpelled from school?Yervices or classes?YesNo lic Schools?YesNo re considered on an annutrict and 2) most recent at oved or denied based on the land grade level requested the ninth grade, a student transfer a transfer committee. It is own LEA and students that are members of the NC insfer committee.	YesNo if yes, _No if yes, if yes, if yes, if yes, ual basis. Documer ttendance, grades ar he student's good st ed. ansferring from a sch igh School Athletic A rs from one Local Ed (for example: charte transferring after the tHSAA must sit out 3	ool district outside of Eassociation (NCHSAA) ucation Agency (LEA) r school, private school be beginning of their nine	ation. ation. bacity? ath applicator all studentendance, leading to a differententententententententententententente	ic Schools must sports. ht LEA will be ing school, etc.), r from charter
I hereby affirm that the informatic understand that falsification or sign revocation of an approved transf school, should pose no discipline conditions may result in the revoc	gnificant omissions may e er. I understand that tran problems, and must main	disqualify this app nsfer students mus ntain good attendan	lication from further t provide their own	considerati transportat	ion or result in a ion to and from
Signature of (Check One):Pare	entLegal Guardian	/Custodian*			Date
If you are the legal guardian/custodian	please attach a copy of the c	court ordered custody	agreement		
FOR OFFICE USE ONLY					
Application Complete:YesNo Tui	tion Required:YesNo	Amount: \$	Release Received:Y	esNo S	ystem:
Administrative Decision:	Date:	By:	Comments	s:	