

**JC-F1 – Student Zone Transfer Request**

**WARREN COUNTY PUBLIC SCHOOLS  
STUDENT ZONE TRANSFER REQUEST FORM**

**INSTRUCTIONS:** Carefully read the information provided Regulation JC-R1 Student Zone Transfer Request, before completing this application. Complete Part I and submit the application to the base school principal no later than **April 30** prior to the year in which the transfer is sought. **The student must attend the base/zoned school until a transfer decision is made. Student transfer decisions will be made and communicated by June 15.**

**PART I – TO BE COMPLETED BY THE PARENT/GUARDIAN**

Request for School Year:	Student’s Grade During School Year Indicated:
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Zoned School:	Requested School:
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Student Name:	Student Date of Birth:
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Parent/Guardian Name:	Parent/Guardian Phone:
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Parent/Guardian Address:

Parent/Guardian Contact Email:

1 <sup>st</sup> Parent/Guardian Place of Employment	Business Phone:
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2 <sup>nd</sup> Parent/Guardian Place of Employment	Business Phone:
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Reason for Request (Place an X to the left of the appropriate transfer reason.) Please choose only ONE reason. Make sure to include listed attachment from JC-R Student Zone Transfer Request.

____ JC-F2 Verification of Child Care	____ JC-F3 Student Health Form
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____ Extenuating Circumstances – (Provide Additional Documentation)	____ WCPS Parent/Guardian Employment
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**Parent(s)/guardian(s) are responsible for transportation. Transfers are valid for one year only. Transfer requests may be renewed using student zone transfer request form.** I certify that all the information on this application is correct to the best of my knowledge. I certify that the student involved in the request is not seeking a transfer to participate in extracurricular activities. In addition, I understand that transferring my high school student after ninth grade will change the Virginia High School League (VHSL) activities eligibility status for the next 365 days. According to VHSL regulation 28A-7-1 TRANSFER RULE, a student who moves from one school to another with no move on the part of the student’s parents is ineligible to participate in school sports for a period of 365 days.

Parent/Guardian Signature:	Date:
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**PART II. SCHOOL REVIEW AND RECOMMENDATION (office use only)**

Base Zoned School:	Comment:
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Principal Signature:	Date:
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Requested School:	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
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Reason (please include class size information):

Principal Signature:	Date:
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**PART III. ZONE TRANSFER DECISION (OFFICE OF STUDENT SERVICES use only)**

Signature:	Date:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
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