

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | New Request     |
| <input type="checkbox"/> | Renewal Request |

**Calhoun County School District  
Student Transfer Request  
(Complete a separate form for each student)**

**I. Student Information**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Current Grade \_\_\_\_\_ Race \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Current School \_\_\_\_\_  
 Transfer requested for the 20\_\_\_\_ -20\_\_\_\_ School Year. Grade student will be in that year \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Home address where the Student resides with parent/guardian:  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Education \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Type of transfer requested (Check the type requested and complete the appropriate Block below):

- Intra-District Transfer (Between schools in Calhoun County School District) Complete Block II.
- Inter-District Transfer In (Transfer to Calhoun County School District from another school district) - Complete Block III - **(Please See \* on page 2 - (Tuition)**
- Inter-District Transfer Out (Transfer from Calhoun County School District to another school district) - Complete Block IV

**II. Intra-District Transfer – *Deadline for Request (Montessori Pre-K 3-5 & Child Development Pre-K 4) – April 15th at 4:00 P.M. (Grades 1-8) June 30th by 4:00 PM***

Zoned School \_\_\_\_\_  
 Requested Out-of-Zone School \_\_\_\_\_  
 Grounds for Request (Initial all that apply.):

- Furtherance of Desegregation Transfer:* Transfer will have the effect of moving the racial composition of both the zoned school and the out-of-zone school closer to the District-wide racial composition.
- Full Time Employee Transfer:* Parent/guardian is a full-time employee of Calhoun County School District at the out-of-zone school to which transfer is requested.
- Substantial hardship Transfer:* Transfer to the out-of-zone school is necessitated to avoid a substantial hardship to the family, such as the existence of a family crisis or medical condition that necessitates transferring the student to the out-of-zone school. (Please note typical problems related to the raising of a family or preferences based on family considerations, friends, curriculum, or location **do not** qualify as substantial hardships. Examples of what may qualify as a substantial hardship include: incarceration of parent; terminal illness or death of a parent; natural disaster; domestic abuse or neglect affecting the student; or medial problems suffered by the student that make it necessary for a student to attend a school other than their zoned school.) This substantial hardship transfer request must be supported by detailed documentation, a notarized statement by the parent detailing the hardship, letters of support from a medical doctor or other authorities explaining the circumstances constituting substantial hardship. (Please attach such statements or other documentation to this form.)

### III. Inter-District Transfer In

District Where Student Resides \_\_\_\_\_  
Requested Calhoun County School \_\_\_\_\_

Grounds for Request (Initial by all that apply.):

\_\_\_\_\_ Transfer will have the effect of moving the racial composition of the Calhoun County school to which transfer is requested closer to the District-wide average racial composition of the District. (Any transfer on this ground requires **the payment of tuition** as set by the Calhoun County School Board and a valid release from the sending school district. **In addition, a statement from the sending school district indicating that the transfer is consistent with that district's desegregation and other legal obligations must be attached.**)

\_\_\_\_\_ Parent/guardian is a full-time employee Calhoun County School District at the school to which the transfer is requested.

### IV. Inter-District Transfer Out

Calhoun County School to which student is zoned \_\_\_\_\_  
**District & School** to which transfer is requested \_\_\_\_\_

Grounds for Request (Please Initial by all that apply):

\_\_\_\_\_ Parent/guardian is a full-time employee of \_\_\_\_\_ School District. (A statement from the school district stating the parent/guardian's position must be attached.)

\_\_\_\_\_ The student has a compelling medical need that cannot be accommodated in Calhoun County. (Please note: a notarized statement must be attached to this application detailing the medical need. Include medical records or a letter of support from a medical doctor who can confirm and describe the medical condition and explain why it requires transfer of the student to another district and how the condition will be accommodated in the other district.)

\_\_\_\_\_ Transfer does not have an adverse effect on desegregation in the school in Calhoun County in which the student would otherwise be assigned or in the Calhoun County School District. (**Before Calhoun County School District can release student records to the receiving district, a statement from the receiving district must be provided indicating that the transfer is consistent with that district's desegregation and other legal obligations.**)

### V. Parent Request

I/We, \_\_\_\_\_,  
parent(s)/guardian(s) of \_\_\_\_\_, Student, ask that the Student Transfer Request outlined above be granted for the 20\_\_-20\_\_ school year. We are aware that this transfer is only good for one school year and we must re-apply for each successive year.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*(FOR CALHOUN COUNTY SCHOOL DISTRICT OFFICE USE)*

### VI. Superintendent's Response

I hereby \_\_\_\_\_ **Approve** / \_\_\_\_\_ **Deny** this request for Student Transfer  
Reason: \_\_\_\_\_

Superintendent/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_