



GSNS Request for Transfer

Please complete this form & return to Student Services via mail, email, scan or fax.
Deadline is May 17, 2024. Requests will NOT be accepted after this date.

STUDENT INFORMATION

Student Name: _____ Student ID#: _____

Disability: _____ Date of Birth: _____

Grade Entering for 2024-2025 school year: _____

Name of Parent/Guardian requesting transfer: _____

Street address for 2024-2025 school year: _____

City: _____ State: _____ Zip Code: _____

Phone () _____ Email: _____

My student has: _____ an IEP or _____ a 504 plan.

List Public School(s) student attended last year (2023-2024): _____

List Public School student is zoned for this year (2024-2025): _____

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

to attend _____ in the Houston County School District.
School Name

Signature of Parent/Guardian: _____ Date: _____

HOUSTON COUNTY SCHOOL DISTRICT
STUDENT SERVICES DEPARTMENT
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