



GSNS Request for Transfer

Please complete this form & return to Student Services via mail, email, scan or fax.
Deadline is May 16, 2025. Requests will NOT be accepted after this date.

STUDENT INFORMATION

Student Name: _____ Student ID#: _____

Disability: _____ Date of Birth: _____

Grade Entering for 2025-2026 school year: _____

Name of Parent/Guardian requesting transfer: _____

Street address for 2025-2026 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 (2024-2025): _____

List Public School student is zoned for this year (2025-2026): _____

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
P.O. BOX 1850
PERRY, GEORGIA 31069
PH# (478) 988-6200 EXT. 3373, FAX# (478) 988-6399
Email: sherry.bryant@hcbe.net