

**Pierce County Board of Education  
P.O. Box 349  
Blackshear, GA 31516  
912-449-2044**

**Public School Transfer Request Form**

*Request for transfers will not be accepted after the close of business on May 1, 2018*

Under a 2009 state law (O.C.G.A. § 20-2-2131), parents may request a transfer to another public school within their local school district. If you want to request a transfer, please complete the information below.

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**Parent Transfer Request Form (Parents Must Complete)**

Student Information

Date: \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Custodial Parent or Guardian requesting transfer \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail (if available) \_\_\_\_\_

School the student is zoned to attend in 2018-2019 \_\_\_\_\_

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**Parent Request for School Transfer**

I am requesting a transfer for \_\_\_\_\_  
Student's Legal Name

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

to attend one of the following other schools in the district. I fully understand that my child may only receive my first choice of schools if space is available at the time this request is approved by the local school district.

**Parent/Guardian Ranked List of Schools for Transfer (where more than one school is available).**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date