

**TRUSSVILLE CITY BOARD OF EDUCATION  
2018-2019 SCHOOL YEAR TRANSFER APPLICATION**

All transfer applicants must meet Board policy, state and federal law, and federal court orders prior to submission of an application. Please **type or print**, fill out clearly and completely, and return to Trussville City Board of Education **by 4:00 pm, Friday June 1, 2018**. A written release from the school system where the student is zoned must be attached to completed applications. Delays due to U.S. mail or unforeseeable circumstances will not excuse a late application. **Do not deliver the application to your local school. It must be received at the TCS Board of Education (113 N. Chalkville Rd.) by the due date. Late applications will not be accepted. Letters approving or denying each application will be sent out in mid June.**

\_\_\_\_\_  
(Student: (Last Name) (First) (Middle))

\_\_\_\_\_  
(Grade Level for Fall 2018)

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

\_\_\_\_\_  
(School Now Attending/Last Attended-System)

\_\_\_\_\_  
(Current Address)

Was student withdrawn/expelled? Yes (\_\_\_) No (\_\_\_)  
Was disciplinary action pending against student? Y/N

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(School Zoned to Attend) (System)

\_\_\_\_\_  
(Mailing Address, if different from above)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Race) (Sex) (Date of Birth)

Telephone(s) \_\_\_\_\_  
(Home) (Father work) (Mother work) (Cell)

\_\_\_\_\_ Check here if Student is receiving Special Education services or accommodations relating to a disability, receiving accommodations under Section 504 of the Rehabilitation Act of 1973, and/or receiving services for gifted students and provide a description of those services or accommodations (use additional sheets if necessary.)

**BASIS FOR TRANSFER:**

\_\_\_\_\_ Substantial and Compelling Hardship  
(Attach full details and supporting documentation)

\_\_\_\_\_ Racial Desegregation

\_\_\_\_\_ School Employee-Trussville City Schools  
Employee Name \_\_\_\_\_  
Position \_\_\_\_\_  
School/Dept. \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

\_\_\_\_\_ City of Trussville Employee  
Employee Name \_\_\_\_\_  
Position \_\_\_\_\_  
Location \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

Transfers are made in conjunction with all applicable Federal law and Board guidelines. By signing below, I acknowledge that I have reviewed Board guidelines and understand that all transfers are subject to (1) proper behavior; (2) good grades; (3) regular attendance; and (4) tuition paid **in full** by August 1, 2018 (if applicable). Tuition for the **2018-2019** school year is \$ **4,767.72** per student. Personal checks will not be accepted. Transportation will not be provided for any transfer students. I certify that all information submitted in support of this application is true and correct.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

*For Office Use Only:* Date Received: \_\_\_\_\_ Release attached: \_\_\_\_\_

Amount of Tuition \$ \_\_\_\_\_ (N/A for School Employee-Trussville City Schools or City of Trussville Employee)

**APPROVED**

**DENIED**