



Effingham County Board of Education

School Choice Privilege Transfer Request Form

School Year 2017-2018

Parents: Completed form must be delivered by hand or U.S. Postal Service to the Effingham County Board of Education Central Office at 405 North Ash Street, Springfield, GA 31329.

Official Use Only
Date / Time Received

Pursuant to Effingham County Board of Education Policy JBCA Resident Students and Georgia Senate Bill 10 (Special Needs Scholarship), parents may request a transfer to another public school within their local school district. **Before requesting a transfer, read all information online regarding the process and stipulations or obtain a copy of said information from the Effingham County Board of Education Central Registration Center** and complete this form.

Student Information

Date _____ Student's Name _____

Grade student will be entering in August _____ Birth Date _____ Age _____

*Name of Parent or Guardian requesting transfer: _____

**Must be parent that initially registered student for school or the other parent living in the same household.*

Home (911) Address _____
Street City State ZIP

Home Phone _____ Work Phone _____ Cell Phone _____

Mailing Address _____
Street # or P.O. Box City State ZIP

_____ Check here if student is served in any special programs (i.e. Special Ed., Speech, ESOL, EIP, SST/504, Gifted etc.)
(Circle service)

_____ Check here if student participates in or plans to participate in high school athletics during the 2017-2018 year.

Zoned School (based on residence) for 2017-2018: _____
Name of school

Parent Request for School Transfer

I _____ am requesting a transfer for _____
Name of Parent or Guardian Student's Legal Name

and understand that buses operated by Effingham County Schools are not authorized to transport students to and from addresses that are outside of the attendance zone of the school the student is attending. I have further read and understand the Annual Choice Notification on the effinghamschools.com website.

Requests can only be granted if space is available at the time this request is processed by the local school district.

****Ebenezer Elementary, South Effingham Elementary and South Effingham Middle are not available choices****

Parent/Guardian Ranked List of Schools for Transfer.

1st _____ 3rd _____

2nd _____

Parent/Guardian Signature

Date

Forms delivered or postmarked after 4:30 PM on April 21, 2017 will not be accepted. Faxed & emailed forms will not be accepted.

Office Use Only:

___ Student in IC (Registered) ___ Primary Address in IC Matches Application ___ Request is Signed by Registering Parent / Other Parent in Primary Household