

**HB 251-FORM B (2018-2019)**

**Hall County School System**

**Please return this form to Mr. Kevin Bales; 711 Green Street; Gainesville, GA 30501**

**Please check one:**

☐ We have moved and the new residency address is in another Hall County School's attendance zone, and I am requesting for my child to remain at his/her current school.

☐ We have just moved into the Hall County School District, and I am requesting for my child to be enrolled in a school outside of our new school attendance zone.

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**Parent Transfer Request Form (Parents must complete)**

Date \_\_\_\_\_ Student's Name \_\_\_\_\_

Grade for fall, 2018 \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Hall County Student ID: \_\_\_\_\_

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

Home Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

To which Hall County School is the student zoned to attend in 2018-19? \_\_\_\_\_  
Name of School

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**Parent Request for School Transfer**

I \_\_\_\_\_ am requesting a transfer for \_\_\_\_\_  
Name of Parent/Guardian Student's Legal Name

to attend one of the following schools in the district *if space is available*.

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

1<sup>st</sup> choice) \_\_\_\_\_ 2<sup>nd</sup> choice) \_\_\_\_\_

## General Information

- **Two current proofs of residency are required and should be attached to this form.**
- **Transportation is the responsibility of parents/guardians.**
- A student must register in the school zone where he/she lives.
- Approval for one child to enroll out-of-zone is not applicable to other children in the same family.
- In order for transfer enrollment to continue, parents are expected to maintain a collegial relationship with school staff and to support school policies and procedures.
- With approval of Superintendent or his/her designee, principal may request that out-of-zone attendance be terminated based on one or more of the following reasons:
  - Discipline issues
  - Excessive absences, tardies, or late pick-up of student
  - False information is given on the application form or other records
  - Other just cause
- **GHSA:** As governed by the Georgia High School Association (GHSA) By-Laws, a student who has **not yet** established eligibility at a member high school will be eligible to play in varsity competition for the first year of enrollment. If a student transfers to a Hall County School after having established eligibility in 9<sup>th</sup> grade (or after) by enrolling in another GHSA member school, then he/she will not be eligible to play in varsity competition for a full year. Unless there is a bona fide move, if after having established eligibility, a student then transfers to a different school, then he/she will not be eligible to play in varsity competition for a full year from the date of transfer.  
*Please see the GHSA guidelines for further information.*

**Parent/Guardian:** Please sign below and submit this transfer request form to the address listed above.

### False Swearing Notice (O.C.G.A. § 16-10-71)

A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement. A person convicted of the offense of false swearing shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

**I have read, understood, and will support the information above. I swear/affirm under penalty of law, that the information given on this form is correct, that the above address is the primary residence where my child and I live, and that I will notify the school of any change in residency status within 5 days of the change.**

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Parent/Guardian Signature

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Date

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### For Receiving School/System Use Only

**Two proofs of residence verified on:** \_\_\_\_\_ **by:** \_\_\_\_\_  
(Date verified) (Signature of Person Verifying)

Date Application Received: \_\_\_\_\_

☐

Approved

☐

Denied

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Superintendent/Designee Signature

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Date