Hall County School System House Bill 251 (2019-2020) Public School Choice Framework

HB 251 Transfer Request Form

Parents: Please complete this form and mail it to: Mr. Kevin Bales; 711 Green Street; Gainesville, GA 30501

Deadline for HB 251 Applications: March 29, 2019 Parents will be notified of enrollment decision by April 15, 2019

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 wish to request a transfer, please complete the information below.

	Parent Transfer Re	quest Form (Parents	must complete)		
Date	Student's Name_				
Grade level for	fall, 2019 Birth Dat	te	Age		
Hall County Stu	dent ID:				
Name of Custoo	dial Parent or Guardian requ	uesting transfer			
Home Address					
	Street	City	State	Zip	
Phone	E-	-Mail			
To which Hall C	ounty School is the student	zoned to attend in 201		Name of School	
	Parent R	equest for School Tra	insfer		
		am requesting a			
Name of	f Parent/Guardian		Student's	Legal Name	
to attend one o	f the following schools in th	ne district <i>if space is av</i>	ailable.		
Parent/Guardia	an Ranked List of Schools fo	or Transfer (where mor	e than one school	is available).	
1 st choice)		2 nd choic	:e)		

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 9th 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.

*Pending board approval ************************** For Receiving School/System Use Only Two proofs of residence verified on:	Parent/Guardian Signature			Date	
For Receiving School/System Use Only Two proofs of residence verified on:	*Pending board approval				
Two proofs of residence verified on:	*********	********	*****	********	
(Date verified) (Signature of Person Verifying)	For Receiving School/System Use Only				
, , , , , , , , , , , , , , , , , , , ,	Two proofs of residence verified on: _			_ by:	
Date Application Received:		(Date verified)		(Signature of Person Verifying)	
	Date Application Received:				
Approved Denied	Approved			Denied	
_	_				
	wo proofs of residence verified on:by:			Date	