**HB 251-FORM B (2020-2021)**

**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. \****Please attach transcript and all educational records to determine available space to meet your child’s learning needs.***

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

Date Student’s Name

Grade level for fall, 2020 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 2020-21?

Name of School

**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).**

1st choice) 2nd choice)

# General Information

* **Two current and valid Proofs of Residency (see hallco.org for POR information) are required and should be attached to this form for school verification.**
* **Hall County Schools does not provide bus transportation to and from school for transfer students; parents**

**are responsible for transfer student’s transportation to and from school.**

* 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.**

Parent/Guardian Signature Date

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**Two proofs of residence verified on: by:**

(*Date verified) (Signature of Person Verifying)*

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

Approved Denied

Superintendent/Designee Signature Date