

# Application for Transfer:

Students Name:

A) \_\_\_\_\_ B) \_\_\_\_\_

C) \_\_\_\_\_ D) \_\_\_\_\_

Parents /Guardians Name: (Please Print) \_\_\_\_\_

Last school the student was/is enrolled in: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

By signing this application you are agreeing to the following Joint Policy:

Once a student changes school systems application must be made to transfer back into DeKalb County. Your application must be approved by both systems. Residency will not be a guarantee of acceptance in either case. The Exception will be a bona fide move outside of the five mile radius.

Once accepted into the Cherokee County school system you and your child will be subject to the Attendance and Discipline policies of the Cherokee County Board of Education.

Signature of DeKalb County Attendance Supervisor: \_\_\_\_\_

Signature of Cherokee county Attendance Supervisor: \_\_\_\_\_