

STUDENT TRANSFER APPLICATION



Exhibit 4150-E

School Year – 20____-20____

Application must be submitted by June 30th and should be submitted to the Superintendent's Office, 1200 S. Halstead Boulevard, Elizabeth City, NC 27909. Applications received after June 30 will not be considered.

Directions: Please complete one application per child. Student Transfer Guidelines are on the back of this application.

Student Name: _____ Date of Birth: _____ Grade Level: _____

Address: _____

Home Phone Number: _____ Parent Work/Cell Number: _____

Please complete each box:

School of Assignment Based on Home Address	
School Requesting to Attend	
School Attended Previous School Year	

Reason for Transfer Request: Please check one.

<input type="checkbox"/>	Medical Condition (see Student Transfer Guidelines -- written documentation required)
<input type="checkbox"/>	Unique Educational Needs (see Student Transfer Guidelines – written documentation required)
<input type="checkbox"/>	Parent is an Employee of ECPPS (Please list site employed _____) Parent is an Employee of _____ Schools and is requesting child be released to attend school in their county of employment
<input type="checkbox"/>	Change of Address During the School Year (see Student Transfer Guidelines– written documentation required)
<input type="checkbox"/>	Family Hardship (see Student Transfer Guidelines – written documentation required)
<input type="checkbox"/>	Other (see Student Transfer Guidelines – written documentation required)

I hereby certify that the information provided is accurate and a true reflection of the circumstances causing this request. I understand that permission for out-of-district transfer may be revoked if there is overcrowding at a school or if there is a problem with my child's behavior and/or attendance, or if it is determined that information on this form is not accurate. I also understand that no transportation will be provided to my child by the school district.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

____ Approve Superintendent
 _____ Deny Signature: _____ Date: _____

STUDENT TRANSFER GUIDELINES

All students are expected to attend the school designated by the Board of Education to serve their legal residence. Exceptions will only be considered for the specific reasons outlined below. Transfer requests shall not be approved for simple convenience or preference of schools. The Board will consider as a minimum standard the following factors on transfer/release requests:

Medical -- A medical doctor's and/or a licensed psychologist's statement that the requested transfer is essential to the continued health and well-being of the student. The statement will be considered only if it contains the specific diagnosis of the current condition which is the grounds for the request, and an explanation of how attendance at the requested school will facilitate treatment of or improve the student's condition compared with the original assignment.

Unique Educational Needs -- Statements establishing a compelling educational reason for the student to enroll in a program not offered in the school of assignment. Educational requests will only be considered for students in grades 9-12. The curriculum offered for students in grades K-8 will be consistent at all schools. Requests for educational reasons will be handled on a case-by-case basis and will be granted only in rare instances. Documented proof of the need for transfer must be provided and must show that the transfer is needed in order for the student to complete his/her course of study or that the student's ability to complete graduation requirements is in jeopardy.

Employee -- Full-time employees will be allowed to request that their child attend school at their school of assignment or the nearest school which contains the grade level of that student. Full-time employees that do not live in Pasquotank County may request that their child attend school in Pasquotank County. Approval will be granted based upon student enrollment.

Change of Address During the School Year -- Children who move during the course of the school year will be allowed to remain at the original school of assignment for the remainder of the school year if there is not overcrowding in the classroom. Parents must also agree to provide transportation and ensure that their child meets attendance and behavior requirements.

Family Hardship -- Documented evidence of extreme and unusual hardship which will affect the student's achievement and/or behavior. **Note: Requests for transfer based upon before- or after-school care will generally not be honored.**

Other -- Such other substantial and bona fide circumstances not covered which are considered by the Board as compelling and meritorious. Sworn documentation is required.

PLEASE NOTE:

- All kindergarten students, and students new to ECPPS, should register at the school assigned to their home address. If permission to transfer is granted, the records will be forwarded to the out-of-district school.
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- Tuition is charged for students that do not reside in Pasquotank County (employees are exempt).
- The superintendent will consider the request and make a decision based upon the best interest of the child, the orderly and efficient administration of the public schools, the proper administration of the school to which assignment is requested, and the instruction, health, and safety of the pupils there enrolled. The superintendent's decision may be appealed to the Board as outlined in Policy 4150. Following a hearing before the Board, parents will be notified by mail of the Board's decision regarding their request. Students should enroll at the school assigned to their home address until the request can be acted upon by the Board of Education.

Implemented: February 23, 2015

Revised: February 22, 2016