

TROUP COUNTY SCHOOL SYSTEM

Office of Student Assignment
100 North Davis Road, Building C LaGrange, GA 30240

Rev. 6/22

SCHOOL TRANSFER APPLICATION FOR 2022-2023 SCHOOL YEAR

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. All applications and related decisions are subject to the Troup County School System’s procedures and guidelines governing student transfers and appeals. All applications must have proof of current address.

Student I.D. # _____ (assigned by school system)

Student Name _____
Last First Middle

Birth Date _____ **2022-2023 Grade Level** _____ Male _____ Female _____

Parent/Legal Guardian _____

Home Address _____

Mailing Address (if different) _____

Home Telephone _____ Emergency Telephone _____

Current School Assignment _____

Requesting Transfer to: First Choice: _____

Second Choice: _____

Third Choice: _____

(Third Choice option applicable to Elementary Schools only)

* Does student receive free or reduced lunch? ____ Yes ____ No

* Does the student require special education services? ____ Yes ____ No

* Does the student require ELL services? ____ Yes ____ No

PLEASE READ THE FOLLOWING CAREFULLY

- Approved transfers will allow the student to attend the requested school until the student completes all grades of the school.
- The parent(s) will assume all costs associated with transporting the child to and from the selected school.
- Approved transfers will require the student to remain at the new school for the entire 2022-2023 school year unless the student withdraws from the Troup County School System.

I have read and understand the directions for applying for student transfers. I agree to abide by the procedures of Troup County School System. I testify that all of the information on this form and the documentation submitted with my request are true and accurate. I understand that failure to comply with these conditions, or falsification of any portion of this application will result in the denial or revocation of my request.

Parent/Guardian Signature _____ **Date** _____

FOR OFFICE USE ONLY

Transfer to (school) _____ Application Approved ____ Date _____

Denied based on: _____

School System Official Name (print): _____ Title: _____

School System Official’s Signature: _____ Date: _____