

Bertie County Schools
SCHOOL TRANSFER FORM



(Subject to space availability, date received, and priority order)

All transfer requests for the following school year must be received during the month of May of the current year

Parent/Guardian 1 Name (Last, First, M.I.)	Home Phone: () _____ Work Phone: () _____	Cell Phone () _____
Parent/Guardian 2 Name (Last, First, M.I.)	Home Phone: () _____ Work Phone: () _____	Cell Phone () _____
Parent/Guardian Physical Address (no P.O. Box)	City	Zip

Person to contact if other than parent: _____

Student Name (Last)	(First)	(M.I.)
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School Currently Attending or Last Attended	Grade	Describe any problem or special need your child(ren) has had including attendance and suspension. (Example: Medical, attention, behavioral, etc. to determine appropriate placement)
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Reason for request (Please include day care, siblings attending, special programs, etc.) Attach additional sheet if necessary.	List school transfer choice(s) in order of priority: 1. _____ 2. _____ 3. _____
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Tuition will be charged to all students enrolling in Bertie County Schools who reside in another school district.
 I hereby verify that the above information is true and correct to the vest of my knowledge and belief.

 Signature – Parent/Guardian _____
 Date

For Central Office use only

Date Application was Received	Date Parent/Guardian Notified	Date of Approval/Denial
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APPROVED
 DENIED

 Signature of Responsible Authority _____
 Date

Approved to attend _____ on _____ at _____
School Building Name Starting Date Grade Level

Reason for Denial (if applicable): _____
