

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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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): _____

BERTIE COUNTY SCHOOLS

Office of the Superintendent
 P.O. Box 10
 715 US Hwy 13 North
 Windsor, NC 27983
 Phone (252) 794-6000 – Fax (252) 794-6071