

## **Application for Out-of-County Transfer**

2019-2020

## Office of Student Assignment 511 Cleveland Street ~ Durham, NC 27701

511 Cleveland Street ~ Durham, NC 27701 Phone: 919.560.2059 Fax: 919.560.2414

## Please read Policy #4115.1 and #4115.2 before completing this application

Student's Name:					
Last		First		Date of Birth	
Address:					
Street	Apt. #	City	County	State	Zip Code
Parent/Guardian:	Best	Best Contact #:		Email:	
School Requested:	Current So	chool (or last school att	tended):		
Is this student in good standing at his/her pres			please attach an explanatio		
Has this student ever been suspended or expel			, please attach an explanation		
Does this student require any special services Are you an employee of Durham Public Sci					
Pollowing initial entry into the nin sit out 365 days from participating Exceptions for immediate athletic heard by a special NCHSAA trans     Please note that if a school is not p the school will be considered its or schools and private schools that ar granted by the NCHSAA transfer with the reason for this out-of-countries.	th grade, a student train North Carolina Heligibility for transfer fer committee. For a defined LEA wn LEA and students members of the NC committee.	ansferring from a schigh School Athletic Ars from one Local Education (for example: chartes transferring after the CHSAA must sit out a	Association (NCHSAA) sa ducation Agency (LEA) to er school, private school, n e beginning of their ninth	a differe on-board grade yea	I sports. ent LEA will be ding school, etc.), ar from charter
I hereby affirm that the information prounderstand that falsification or signification of an approved transfer. It is school, should pose no discipline problem conditions may result in the revocation	ant omissions may understand that tra ems, and must mair	disqualify this app nsfer students must ntain good attendar	olication from further cost provide their own tra	onsidera ansporta	tion or result in a tion to and from
Signature of (Check One):Parent	Legal Guardian	n /Custodian*			Date
If you are the legal guardian/custodian, please FOR OFFICE USE ONLY	e attach a copy of the	court ordered custody	agreement		
OR OFFICE USE ORLI					
Application Complete:YesNo Tuition Re	quired:YesNo	Amount: \$	Release Received:Yes	No \$	System:
Administrative Decision: De	ate:	By:	Comments:		