



Application for Student Transfer
Office of Student Assignment

2019-2020

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

Please read Policy 4132.1 before completing this application

Student's Name: First Middle Last

Expected Grade
Level for 2019-2020: Date of Birth: Age: Gender: M F

Address: Street Apt # City State Zip

Race (please check): Hispanic or Latino Am. Indian Asian Black or African American
Native Hawaiian/Pacific Islander White Multi Racial

School Requested for 2019-2020:

Current School (or School Last Attended):

Base School Assignment for 2019-2020:

Type of Transfer Request
Child Care Hardship

Does this student receive services for Exceptional Children (EC)? Yes No

If yes, in what setting? Resource Separate

Primary EC Area
LD SED/BED ID/EMD MU HI VI AU other

Name of Parent/Guardian: (please print)

Home Phone: Business Phone: Cell Phone:

Preferred Language: Email Address:

Your transfer request will be approved or denied based on Policy #4132 and the information you provide on and with this application. Please answer the following questions thoroughly, and include any information that might have an impact on the decision.

Are there childcare issues that impact this transfer request? Yes No if yes, please explain.
(Provide name, address and phone number of child care provider, if applicable)

Please continue on the reverse side.

For Office Use Only

Decision Date
Effective By

Is your request to transfer related to a substantial hardship? \_\_\_Yes \_\_\_No

**If yes, please explain. (Please attach any documentation that supports your claim of hardship).**

Please provide any additional information that may help us to understand further your request for a transfer.  
**(You may attach supporting information to this application. Check here if attachments are included).**

**If you are submitting this application after the May 1, 2019 deadline, please answer the question below.** According to Policy 4132, “Late transfer applications will be considered only if extenuating circumstances exist. Such circumstances include an unanticipated and significant change in the student’s status occurring after May 1 or other circumstances outside of the parent’s/guardian’s control that prevented them from meeting the application deadline. (Being unaware of the deadline is not considered an extenuating circumstance.)” Please describe your extenuating circumstances.

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I hereby affirm that the information provided on and with this application is true and complete to the best of my knowledge. I understand that falsification or significant omissions may disqualify this application from further consideration or result in a revocation of an approved transfer. I understand that transfer students must provide their own transportation to and from school, should pose no discipline problems, and must maintain good attendance and passing grades. Failure to abide by these conditions may result in the revocation of an approved transfer.

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Signature of (Check One): \_\_\_Parent \_\_\_Legal Guardian/Custodian\*

\_\_\_\_\_ Date

**\*If you are the legal guardian/custodian, please attach a copy of the court ordered custody agreement.**

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