



ASHEVILLE CITY SCHOOLS TRANSFER REQUEST

Student's Name (Last, First, MI)			
Student's Current School:		School Being Requested (for K-5 students, list a 2nd choice:)	
Current Grade Level:	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Race/Ethnicity:
IEP <input type="radio"/> Yes <input type="radio"/> No	Prior Discipline Concerns: <input type="radio"/> Yes <input type="radio"/> No	Home Phone _____	
Category _____	504 Plan: <input type="radio"/> Yes <input type="radio"/> No	Work Phone _____ Ext. _____	
AIG: <input type="radio"/> Yes <input type="radio"/> No	Cell Phone _____		
Parent's Name (Print)		Signature:	
Mailing Address: _____ _____ _____		_____ Current Principal's Signature	_____ Date
City: _____	St: _____	_____ Receiving Principal's Signature	_____ Date
Zip: _____		Principal Comments:	
Reason for Request (Please attach any additional information to be considered when making this request)			
IMPORTANT INFORMATION: Each year applications for transfer will be subject to the regulations in effect at that time. Transfer request are granted based on Board policy and space availability; therefore, parents should carefully consider the potential effect on the family if the transfer is granted. Approval of the transfer request for a student does not guarantee that approval will be granted for his/her sibling either for the same academic year or for future academic years. Upon principal's request, records of excessive absences, discipline problems, or tardiness may be grounds for non-approval, non-renewal, or immediate termination of the transfer application and permission if granted approval.			
SCHOOL DISTRICT OFFICIAL USE ONLY			
<input type="radio"/> Request Approved	<input type="radio"/> Request Denied	Date:	
Signature of Assistant Superintendent			

Submit form and any additional documentation to:
Asheville City Schools
Attn: Sonya Leonard
85 Mountain St.
Asheville, NC 28801