



STUDENT TRANSFER REQUEST

Administrative Offices
250 Howard Street, Marietta, GA 30060
770-422-3500
www.marietta-city.org

Please print legibly and complete all of Section 1. Once complete, the form should be returned to your current school principal. The principal will process the application and forward it to the transfer school principal who will complete that school's portion of the application and then forward the form to the Deputy Superintendent for action. You will be notified by email of the Deputy Superintendent's decision.

Section 1: Transfer for School Year _____

Student's Name _____ Grade _____

Parent's/Guardian's Name _____

Parent's/Guardian's Email (required) _____

Street Address _____ Apt. # _____

City _____ Zip Code _____

Daytime Phone _____ Other Phone _____

Present School _____ Zoned School _____

Transfer School _____

State your reason(s) _____

Parent/Guardian Signature _____ Date _____

Transfers may be approved if:

- The request is for legitimate health reasons.
- A significant childcare problem exists which can be eased or remedied through such a transfer.
- The student does not have an IEP that specifies he or she be served in a specific school or program.
- Other legitimate and overriding reasons.

***Parent/Guardian must provide transportation. Marietta City Schools DOES NOT provide transportation for transfer students.**

Section 2:

Current School Principal Signature _____ Date _____

Transfer School Principal Signature _____ Date _____

_____ Application Approved _____ Application Denied

Deputy Superintendent's Signature _____ Date _____