



STUDENT TRANSFER REQUEST

Administrative Offices

250 Howard Street, Marietta, Georgia 30060

770-422-3500 (Office) 770-425-4095 Fax

www.marietta-city.org

Please print legibly and complete all of Section 1. If your child is currently enrolled in a Marietta City School, 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 Superintendent for action. If you have just moved into the Marietta City Schools district and are outside the Choice Academies application window but desire to exercise your school choice option, complete Section 1 and take the form to the school you desire to choice into. The principal of the school or designee will process your application and forward it to the Superintendent for action. You will be notified by mail or by phone of the Superintendent's decision.

Section 1

Transfer for School Year _____

Student's Name _____ Grade _____

Parent's/Guardians Name _____

Street Address _____ Apt. # _____

City _____, GA Zip Code _____

Daytime Phone _____ Other Phone _____

Present School _____ Zoned School _____

Transfer School _____

State your reason (s) for requesting a transfer _____

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.
- The applicant is newly enrolled in the district and is outside the choice application window but wishes to exercise the school choice option
- Other legitimate and overriding reasons

Parents/guardians must provide transportation.

Marietta City Schools DOES NOT provide transportation for transfer students

Current School Principal Signature _____ Date ____/____/____

Transfer School Principal Signature _____ Date ____/____/____

Central Office Designee Signature _____ Date ____/____/____

_____ Application Approved

_____ Application Denied

Superintendent's Signature _____ Date ____/____/____

