Stephens County School System
IN-COUNTY Student Transfer Request – Public School Choice HB 251

Date of Request: ________________________ Grade Level of Student: _____________

Student’s Name: __________________________________________________________

Name of Parent/Guardian: __________________________________________________

Address of Parent/Guardian: ________________________________________________

City: ___________________ State: ________ Zip _________ County __________

Telephone:   Home: _________________ Work: ___________________

Name of school attended by student last school year: _____________________________

| School attendance area where student resides: ________________________________ |
| School student is requesting to attend: ___________________________________

______________________________________________
Signature of Parent/Guardian          Date

___ Approved  ___ Disapproved          _______________________
Signature of Principal/Designee       Date

To be completed by Stephens County School System

___ Request was approved for School Year _____________________

___ Request was denied for School Year _______________________

Approved by                Date