

Laurens County School District

2018-2019 Student In-District Transfer Request Form

Student's Full Name: _____

Gender: Female Male Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian's Name (s): _____

Address: _____

Residence 911 Address	Mailing Address (P. O. Box)
_____	_____
City, State, & Zip Code	City, State & Zip Code

Home Phone #: _____

Mom's Cell #: _____

Mom's Work #: _____

Dad's Cell #: _____

Dad's Work #: _____

Is the student provided any Special Education Services at their current School? Yes No
 If yes, list services provided? _____

Can you provide a verification of your address? Yes No (if yes, please provide a copy)

Can you provide a (parent/guardian) photo ID? Yes No (if yes, please provide a copy)

Please list the reason for the In-District School Transfer Request: _____

- | Transferring FROM |
|------------------------------------|
| _____ Southwest Laurens Elementary |
| _____ Northwest Laurens Elementary |
| _____ West Laurens Middle |
| _____ West Laurens High |
| _____ East Laurens Primary |
| _____ East Laurens Elementary |
| _____ East Laurens Middle |
| _____ East Laurens High |

- | Transferring TO |
|------------------------------------|
| _____ Southwest Laurens Elementary |
| _____ Northwest Laurens Elementary |
| _____ West Laurens Middle |
| _____ West Laurens High |
| _____ East Laurens Primary |
| _____ East Laurens Elementary |
| _____ East Laurens Middle |
| _____ East Laurens High |

I do hereby authorize release of student records and I understand falsification of any information is basis for denial of transfer request: and I agree to an interview with the principal of the school my child wants to attend.

Withdrawal Date: _____ Start Date: _____

Parent/Guardian's Signature: _____ Date: _____

Centralized Registrar's Signature: _____ Date: _____

Receiving School Principal Acceptance/Denial	
_____ ACCEPT/APPROVED	_____ DENIED (Reason: _____)
Principal's Signature: _____	Date: _____

Laurens County School District - Request/Authorization to Release School Record

2018-2019

Student Full Name:	Date of Birth	Age	Grade
Name of Last School Attended	Telephone #	Fax #	
School Address	City	State	Zip Code

Is the student receiving any of the following services? (If yes, please select all which apply)

Gifted 504 Plan ESOL EIP Class Placement (K-5)
 RTI Speech IEP

Is the student currently: Suspended from your school: YES No In Alternative School: YES NO

Please release the following records:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Report Card & Withdrawal Grades | <input checked="" type="checkbox"/> Transcript Records |
| <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Cumulative School Records |
| <input checked="" type="checkbox"/> Social Security Card | <input checked="" type="checkbox"/> Medical & Health Records |
| <input checked="" type="checkbox"/> Birth Certificate | <input checked="" type="checkbox"/> Gifted Eligibility Reports |
| <input checked="" type="checkbox"/> Immunization Record (GA Form 3231)
<i>(Certificate of Immunization)</i> | <input checked="" type="checkbox"/> IEP (Individual Education Plan) |
| <input checked="" type="checkbox"/> EED (GA Form 3300)
<i>(Certificate of Eye, Ear, Dental & Nutrition)</i> | <input checked="" type="checkbox"/> <i>(ALL Special Education Reports, Speech)</i> |
| <input checked="" type="checkbox"/> Discipline Record <i>(Initial if none _____)</i> | <input checked="" type="checkbox"/> RTI Paperwork (Federal Mandate) |
| <input checked="" type="checkbox"/> State Test Scores | <input checked="" type="checkbox"/> ELL Records |
| <input checked="" type="checkbox"/> Standardized Test Scores | <input checked="" type="checkbox"/> Psychological Records |
| | <input checked="" type="checkbox"/> SST Records <i>(Student Support Team)</i> |
| | <input checked="" type="checkbox"/> 504 Records |

Prior School Representative Signature: _____ Date: _____

Please FAX or EMAIL records to the facility selected below:

- | | | |
|--|--|---|
| <input type="checkbox"/> OWL Student Service Center
belindastanley@lcboe.net
(478) 984-4253 Phone #
(478) 984-4831 Fax # | <input type="checkbox"/> East Laurens Primary
charlottewhite@lcboe.net
(478) 272-4440 Phone #
(478) 272-7815 Fax # | <input type="checkbox"/> East Laurens Elementary
ednawilliams@lcboe.net
(478) 272-8612 Phone #
(478) 277-2641 Fax # |
| <input type="checkbox"/> Southwest Laurens Elementary
mandyjessup@lcboe.net
(478) 984-4276 Phone #
(478) 984-4711 Fax # | <input type="checkbox"/> Northwest Laurens Elementary
pennysanders@lcboe.net
(478) 676-3475 Phone #
(478) 676-2246 Fax # | <input type="checkbox"/> East Laurens Middle
jennytaylor@lcboe.net
(478) 272-1201 Phone #
(478) 609-2176 Fax # |
| <input type="checkbox"/> West Laurens Middle
nitagrillot@lcboe.net
(478) 272-8452 Phone #
(478) 609-2202 Fax # | <input type="checkbox"/> East Laurens High
jennytaylor@lcboe.net
(478) 272-3144 Phone #
(478) 609-2175 Fax # | <input type="checkbox"/> West Laurens High
marcysmith@lcboe.net
(478) 875-1000 Phone #
(478) 875-2860 Fax # |

Parental permission is NO longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act. Final Rule on Education Records Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673)

Parent/Guardian's Signature: _____ Date: _____

Centralized Registrar's Signature: _____ Date: _____