

Appling County School System Intradistrict Transfer Request Form

Appling County Board of Education

Scarlett Miles Copeland
Superintendent
Scarlett.copeland@appling.k12.ga.us



249 Blackshear Highway
Baxley, Georgia 31513
Phone (912) 367-8600
Fax (912) 367-1011

House Bill 251 (2009) Public School Choice

Under a 2009 state law (O.C.G.A. 20-2-2131), parents may request a transfer to another public school within their local school district to specified schools and grades as designated as possibly having space available. If you wish to request a transfer, please complete the information below.

Parents: Please complete this form and mail with your child's Pre-K application and other required documents to the address listed below.

Appling County Board of Education
Attention: Pre-K Registration
249 Blackshear Highway
Baxley, GA 31513

If you have any questions, please send an email to Cheryl Barlow at cheryl.barlow@appling.k12.ga.us.

Parent or Legal Guardian Transfer Request Information

Date: _____ Grade: Pre-K _____ School Year: _____

Student's Name: _____

Birth Date (MM/DD/YYYY): _____ Age: _____

Name of Custodial Parent or Guardian requesting transfer: _____

Home Address: _____

Street City State Zip Code

Phone () - E-mail _____

Which school is the student zoned to attend based on home address? _____

Parent Request for School Transfer Statement

I, _____, am requesting a transfer for _____
Parent/Guardian's Printed Name Student's Printed Name

to attend _____ School of Preference. If approved, I understand that transportation to

and from the school is my sole responsibility and expense. I fully understand that my child may only receive a Permissive Transfer to a choice of schools if space is available at the time this request is approved by the local school system.

Parent/Guardian Signature: _____ Date: _____