

**Prince William County Public Schools
STUDENT TRANSFER REQUEST FORM - Grades Kindergarten-Eight**

INSTRUCTIONS: Carefully read the information provided in Regulation 721-1, "Student Transfers - Kindergarten/Elementary/Middle School Attendance Areas" before completing this application. Complete Part I and submit the application to the base school principal no later than **April 30** prior to the year in which the transfer is sought. **The student must attend the base/zoned school until a transfer decision is made.**

PART I – TO BE COMPLETED BY THE PARENT/GUARDIAN

Request for School Year:	Student's Grade During School Year Indicated:
Zoned School:	Requested School:
Student Name:	
Student Date of Birth:	Student Number:
Parent/Guardian Name:	Parent/Guardian Phone:
Parent/Guardian Address:	
Parent/Guardian Contact Email:	
1 st Parent/Guardian Place of Employment	Bus. Phone:
2 nd Parent/Guardian Place of Employment	Bus. Phone:

Reason for Request (Check box to the right of the appropriate transfer reason. Please choose only ONE reason. Make sure to include listed attachments from Regulation 721-1.)			
Child Care (Attachment III)	Extenuating Circumstances (Attachment II or other documentation)	PWCS Parent/Guardian Employment	
SACC Closure (Elem. Only)	Specialty Program	Leave Significantly Over Capacity School	

Parent(s)/guardian(s) are responsible for transportation. Transfers are valid for one year only unless the student has transferred for a specialty program. Specialty program transfers may be renewed using the procedures indicated in Regulation 721-1. I certify that all the information on this application is correct to the best of my knowledge. I certify that the student involved in the request is not seeking a transfer to participate in extracurricular activities. In addition, I understand that transferring my high school student after ninth grade will change the VHSL activities eligibility status for the next 365 days.

Parent/Guardian Signature:	Date:
----------------------------	-------

PART II. SCHOOL REVIEW AND RECOMMENDATION (office use only)

Base Zoned School:	Comment:
Principal Signature:	Date:
Requested School:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Reason:	
Principal Signature:	Date:

PART III. APPEAL PROCESS (OFFICE OF STUDENT SERVICES use only)

Signature:	Date:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
------------	-------	----------------------------------	-------------------------------