

TRANSFER REQUEST APPLICATION

Complete and return this application to your child's current school principal. The application will be forwarded to the Chief Operations Officer for consideration. Incomplete applications will not be processed. If approved, you will be notified of the start date for your child.

At the request of the principal, a student can be reviewed by the School Board Office for RETURN to their zone school when that student has committed serious or frequent Code of Conduct violations, has frequent absences and/or excessive tardiness, or does not show appropriate academic progress in the virtual environment.

Name of Student (PRINT): _____

Address: _____

Date of Birth: _____ **Age:** _____

Gender:

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to disclose

Current School: _____ **Current Grade:** _____

Requested School Name or Virtual: _____

Check one:

- ☐ This is a request for the 2024-2025 school year.
- ☐ This is a request for immediate transfer.

Reason for requesting transfer to out of zone school or attendance at Taylor Virtual Academy:



List of school-age siblings of this applicant:

Name	Assigned School for 2024-2025	Birth Date	Current Grade

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____ Date: _____

Cell Phone: _____ Work Phone: _____

For school use only:
Date Received: _____
Date forwarded to office of: _____
<input type="checkbox"/> Is there an Intervention Plan in Performance Matters? ____YES ____NO
Approved by Principal: _____
Approval Date: _____
Approved by Chief Operations Officer: _____
Approval Date: _____
<input type="checkbox"/> OEC Change form and copy of approval letter sent to Dr. Tia Hairston <input type="checkbox"/> Current grades and attendance added to cumulative folder
Request Denied Date: _____
Denied by: _____