

TRANSFER REQUEST OR RELEASE

OFFICIAL USE ONLY				
	Approved (Annual renewal required)			
	Denied			
	Approved - (Renewal not required) **			

PRINT Full Name of Student			Grade	for	school year
Birth date	irth date/ Sex		Proof of legal guardianship may be required		
Name of Parent/Legal Guardian			Phone (Cell)		
Phone (Home)			Phone_(Work)		
Address					
		City	County	State	Zip
Is this address OUTSIDE Caswell County? NO			YES		
School determ each se	A release from your home school system is req System for the amount of tuition must be paid nined based on NC General Statute 115C-366.1 emester).	d if request is I and Local E	s approved. The amount of Board Policy 410. (Half of to	tuition per child aition can be paid a	per school year is at the beginning of
Is either p	parent a full-time permanent Caswell C	County sch	ool system employee	NO	YES
If YES , lis	st name of employee and work location	n	(Name as printed on		
If	student receive any special services or yes, please list				
`	New	Conti	ntinuation for remainder of school year due to move		
	Release from Caswell County	Intrac	district (one school to anoth	ıer w/in Caswell C	ounty Schools)
	uest to release/transfer this child to is assigned to attend		school in school (according to		
List	reason for release/transfer:				
** Annua	al renewal of this request is not required fo if numbers in individual classrooms All other re	meet or exc			
My signatı	if numbers in individual classrooms	s meet or exc leases requi on Student	ceed state levels or if othe re annual renewal Transfers and that the info	r problems arise.	

reasons for the transfer privilege to be revoked;

the parent/legal custodian must provide transportation for all approved

Signature of Parent/Legal Guardian

2)

PRINT Name of Parent/Legal Guardian

Date