



Elementary Transfer Request Form

Student's Name (one child per form)

Student's Grade

Student's Current School of Residence

Requested School of Attendance

Parent/Guardian Name

Home/Cell/Work Phone Number

Street Address

City State Zip Code

The Augusta School District permits parents to request transfer of their children to any school determined by the district to have space available and approval from sending and receiving school.

If a transfer is granted, I understand that it is my responsibility to **provide transportation to and from school. I realize it is my obligation to notify the school of attendance of any changes in my home address, phone number, emergency numbers, or child care arrangements.**

I understand that upon making this school transfer my child will be considered to be a student of the receiving school for this year; however, since this student is a guest in the receiving school, if **behavior, absenteeism or frequent tardiness** becomes a problem, the school district has the right to rescind this agreement.

Parent/Guardian Signature

Date

Administrator of Sending School

Date

Administrator of Receiving School

Date