

# Jackson County Schools

## OUT OF COUNTY STUDENT TRANSFER REQUEST

School Year of Request: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ or \_\_\_\_\_

Email Address: \_\_\_\_\_

Name(s) of child/children (including last name if different from parent or guardian):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Request to transfer from \_\_\_\_\_ County Schools to \_\_\_\_\_ County Schools

Name of school attended previous term: \_\_\_\_\_

School(s) child/children will attend if transfer is approved: \_\_\_\_\_

Reason for requesting transfer: \_\_\_\_\_

Number of days absent in the most current school year: \_\_\_\_\_

Number of suspensions in the most current school year: \_\_\_\_\_

Is your child currently expelled from school or enrolled in an Alternative School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does student have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No Does student have a 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

I agree to the following stipulations if my child is accepted into Jackson County Schools:

- I will provide transportation to the nearest Jackson County Schools bus stop, providing room is available on the bus, or transport my child/children to the school.
- I understand that failure to abide by the policies of Jackson County Schools may result in permission to transfer into the school district being revoked.
- The student will be expected to attend school on a faithful basis (as required by county policies and state regulations). Jackson County Schools will not incur additional Special Education and/or Alternative Learning Center expenses for out-of-county transfer students.
- I am aware that the rules of the West Virginia Secondary Schools Activities Commission (WVSSAC) may limit the ability of my child/children to participate in interscholastic athletics.
- Approval of this request is contingent upon the approval of both the Jackson County Board of Education and the Board of Education of the students' home county, and permission to transfer may be revoked for just cause.
- I understand that the permission for this transfer, if granted, is for only the current school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Submit completed form to: Blaine Hess, Superintendent Jackson County Schools, PO Box 770  
Ripley, WV 25271 Phone: 304.372.7300 Fax: 304.372.7312

FOR OFFICIAL USE ONLY

Enrollment numbers verified by: \_\_\_\_\_  
Director Date