

Brooke County Schools
Office of Student Transfer Requests
 1201 Pleasant Avenue Wellsburg, WV 26070
 (304) 737-3481 Fax: (304) 737-3480

Date Received: _____
 Submitted to BOE _____ for
 Approval Denial
 STATUS:
 Active Pending
 Signature: _____

Request to Transfer Student to/from a School/District Outside of Attendance Area
For the School Year: _____

PLEASE NOTE THE FOLLOWING:

- We will **NOT** accept students who reside outside of West Virginia
- All requests to transfer to *or* from another county must also have the approval from that county
- Student attendance and discipline records will be reviewed to determine eligibility
- Transportation to/from a school outside of your residential area is **your** responsibility

Part I: SELECT ONE. I am requesting to transfer my child:

- To another school **within** Brooke County:
 We reside in the attendance area of (which school?): _____
 School Requested: _____
- To Brooke County Schools **from** Hancock Ohio Other: _____ County
- To **another** school district – will be *released* from Brooke County to _____ County

Part II: Student Information:

Name of Student: _____ **Date of Birth:** _____
 Current School: _____ Current Grade Level: _____
 Student Resides with: Both Parents Mother Father Other Family

****Proof of Guardianship will be required if student does not live with a parent****

Parent/Guardian: _____
 Residential Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone Numbers (at least one REQUIRED):

- (1) _____ cell / work / home phone
 (2) _____ cell / work / home phone

Part III: Complete the following:

1. My child has been attending the school/district I am requesting since _____ grade.
2. **Reason for Request:** Transportation/Child Care Sibling Attends Moved during school year
 Other (explain): _____

3. Please check all that apply (will contact school for verification):

My child:

- Has been suspended from school Has been expelled from school Reason: _____
 Is under juvenile petition or probation Reason: _____
 Has an Individualized Education Plan (IEP) Primary **Disability:** _____
 Has a 504 Plan **Reason:** _____
 Has poor attendance Was retained in _____ grade during the _____ (school year)

4. **I certify that:** (1) all information is accurate and complete, (2) I am responsible for providing any additional information requested, and (3) it is my responsibility to complete the enrollment process at the requested school.

Parent Signature: _____ Print Name: _____ Date: _____

This request must be completed annually. You may submit this form to the address above or to your child's principal if within Brooke County. Approvals for Student Transfer requests are not guaranteed and are initially based on enrollment. If approval granted: (1) Transportation is the responsibility of the parent/guardian; (2) Student must not exceed the permitted number of tardies and absences, and (3) Students must not be in violation of the school and/or county discipline policies.
Brooke County Schools reserves the right to revoke any approval based on these factors.