



COBB COUNTY SCHOOL DISTRICT

2011-2012 School Year

APPLICATION FOR TRANSFER UNDER THE GEORGIA SPECIAL NEEDS SCHOLARSHIP ACT (SB 10)

514 Glover Street, Suite 210, Marietta, Ga. 30060

Fax: 678-594-8630

Forms must be faxed, mailed or hand delivered to the Office of Special Student Services. Sending the form to the school will delay the process.

\*NOTE: Cobb County School District does not accept transfers from non-resident students.

This application must be fully completed. Please Print or Type Date \_\_\_\_\_

Pupil's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
(2011-2012)

Parent's Name: \_\_\_\_\_

Guardian (if other than parent) : \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. Complex Name and #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Address

Father: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attended 2010-2011: \_\_\_\_\_

In what school attendance zone do you reside? \_\_\_\_\_

In what school is your child presently enrolled? \_\_\_\_\_

To which school do you request a transfer? \_\_\_\_\_

Was this child on transfer to this school last year? Yes ( ) No ( )

Does this child receive Special Educational Services? Yes ( ) No ( ) If yes, what is the date of the most recent IEP? \_\_\_\_\_

Briefly describe the special education services that your child receives or attach the current IEP.

\_\_\_\_\_
\_\_\_\_\_

CONDITIONS OF TRANSFER:

A. \_\_\_\_\_ Students requesting a transfer from one attendance zone to another within the Cobb County School District pursuant to the Georgia Special Needs Scholarship act (SB 10) shall apply for the transfer through Special Student Services. All such requests will be reviewed and governed by administrative regulations. Parents will be notified of the decision by either e-mail or by telephone.

B. \_\_\_\_\_ If approved, the student shall be allowed to attend the requested school until he/she completes all grades, graduates, or reaches the age of 21, whichever occurs first, in accordance with federal and state requirements for disabled students.

C. \_\_\_\_\_ Transportation is not furnished to transfer students.

D. \_\_\_\_\_ Students must meet performance eligibility as defined by GHSA regulations for participation in extracurricular activities such as athletics, band, auxiliary units, chorus & cheerleading.

PLEASE DO NOT WRITE BELOW THIS LINE SPECIAL STUDENT SERVICES USE ONLY

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Approved \_\_\_\_\_
Denied \_\_\_\_\_