

TRANSFER STUDENTS AGREEMENT

DATE _____

STUDENT NAME(S) _____ Grade (2023-2024) _____

_____ Grade (2023-2024) _____

_____ Grade (2023-2024) _____

_____ Grade (2023-2024) _____

PARENT/GUARDIAN: _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER(S) _____

I request that my child be transferred from _____ School District.
 (Name of School District which you currently reside in.)

Requesting transfer to: _____ School for the **2023-2024 school year.**

Name of School wishing to transfer to:

Greensburg Elementary, Greensburg Jr. High or Greensburg High School

 (School your child attended for the 2022-2023 school year)

I understand that this transfer, if approved, may be temporary and my child may have to return to the school in our attendance area if overcrowding or other factors influencing the educational program or student well-being makes the transfer no longer feasible. If your child has an IEP, it must be provided to GCS before admittance will be considered.

I have read the Transfer Students Policy and agree to abide by all the requirements.

 Parent Signature

 Date

APPROVED _____

DENIED _____

 SCHOOL OFFICIAL

DATE: _____

**TRANSFER REQUEST
 AGREEMENTS WILL BE
 ACCEPTED UNTIL
 JUNE 1, 2023**