



Georgia Special Needs Scholarship Program
Public School Choice
Request Form for Special Needs Students Only

Parent Right to Choice

Under the Georgia Special Needs Scholarship (GSNS) law passed in 2007 (O.C.G.A. § 20-2-2113), parent(s)/guardian(s) whose child meets the Georgia Special Needs Scholarship eligibility criteria now have the **right to request** a public school transfer to:

- Another public school within their district of residence; or
- Another public school system outside their district of residence; or
- To one of the three state schools for the blind or deaf.

This form must be sent to the school district directly. Complete this form and send to the appropriate school system's district office. Parent(s)/guardian(s) should contact school district's office to find out to whom the form should be sent and any deadlines involved in making the request. Only the school district has the authority to approve or deny a public school transfer request.

2011 – 2012 Georgia Special Needs Student Scholarship Eligibility Criteria

In order to qualify for the GSNS Program a child must meet the following requirements:

- The student's parent currently resides within Georgia and has been a Georgia resident for at least one calendar year; and
- The student has spent the prior school year (2010-2011) in attendance at a Georgia public school in grades K-12 and was in attendance on both the October 2010 and March 2011 FTE counts; and
- The student was served under an IEP written by the public school in accordance with federal and state laws and regulations during the 2010-2011 school year.

There are no exceptions to the eligibility criteria. *Note: If an eligible student attended a private school through the GSNS Program during the 2010 - 2011 school year a parent can make a request for a public school transfer for the 2011 – 2012 school year.*

Intra-District Transfers (within school system)

A school district considering a transfer request between schools in its system may deny a parent request for transfer based on lack of capacity and/or the lack of a program available at another school which is aligned with the student's IEP. Capacity is defined in two ways:

- Capacity of the school building based on established health and safety provisions; and
- Class-size capacity by grade and subject, based on state law and rule.

Inter-District Transfers (out of system)

A school district considering a request for a transfer to its school system from another school system has the authority to approve or deny a public school transfer request. A school district considering a transfer request can deny a request even if there is capacity and a program available that is aligned to the student's IEP within its system. If a request is approved, a school district can charge parent(s)/guardian(s) for the costs of educating a student during the first school year of the transfer.

Intra-District & Inter-District Transfers- approval of requests

Once a transfer request has been approved by a school district, the student must be allowed to complete all grades at a school. The school district can report the student for FTE purposes.

Dr. John D. Barge, State School Superintendent

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Student Information

Date _____

Student's Name _____

Grade _____ Date of birth _____ Age _____

Name of parent/guardian/other requesting transfer _____

Home Address: Street _____

City _____ State _____ Zip code _____

Phone () _____ E-Mail _____

If applicable, name of public school system student attended during 2010 - 2011 school year:

If applicable, name of public school student attended during 2010 - 2011 school year:

If applicable, name of private school student attended during 2010 - 2011 school year:

Request for transfer:

I, _____ am requesting a transfer for
Name of Parent/Guardian/Other

_____ to attend _____
Student's Name Name of Public or State School

in the _____
Name of School District

Signature Parent/Guardian/Other _____



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Date _____

FOR SCHOOL SYSTEM USE ONLY

The _____ received this request from the
Name of School District

_____ on _____
Name of Parent/Guardian/Other Date

Intra-District Transfers (within system). More than one box may be selected.

- After consideration, **the transfer request is approved.**
- After consideration, **the transfer request is denied based on school capacity.**
- After consideration, **the transfer request is denied due to the lack of program alignment to the IEP.**

Inter-District Transfers (out of system)

- After consideration, **the transfer request is approved.**
- After consideration, **the transfer request is denied.**

Name and title of school district representative (please print)

Signature of school district representative

Date