

**Special Needs Scholarship Program  
Public School Choice  
2017 – 2018 School Year**

**Parental 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 (**Only students with the primary exceptionality of visual and/or individuals who are deaf or hard of hearing may request a transfer to a State School**).

**The authority to allow or deny transfer requests belongs to a school system.** School systems can create their own forms and set deadlines for transfer requests. Parents/guardians must contact a school system directly regarding the process the school system uses for public school transfer requests available through the GSNS Program. A parent can link to any school system from the Georgia Department of Education's home page at <http://www.gadoe.org/External-Affairs-and-Policy/Policy/Pages/Special-Needs-Scholarship-Program.aspx>

This form is provided for parents/guardians whose school system does not provide a form for school choice available through the GSNS Program. It must be completed and sent directly to the school system you want your child to attend. **Do not send it to the Georgia Department of Education.** A parent/guardian should contact a school system's office to find out to whom the form should be sent and any deadlines involved in making the request. Only a school system has the authority to approve or deny a public school transfer request.

**2017 – 2018 Georgia Special Needs Student Scholarship Eligibility Criteria**

In order to qualify for the Georgia Special Needs Scholarship Program a student must meet the following requirements:

- **Student Eligibility Criteria 1-** A student have must a parent/guardian who currently lives in Georgia and has been a resident for at least one calendar year.
- **Student Eligibility Criteria 2-** A student was enrolled and completed the 2016 – 2017 school year in a Georgia public school in grades kindergarten through twelfth.
- **Student Eligibility Criteria 3-** A student was reported attending a Georgia public school by a school district(s) during mandatory student counts conducted in October 2016 **and** March 2017
- **Student Eligibility Criteria 4 -** A student does not need to have an Individualized Education Plan (IEP) for the entire school year to qualify for the GSNS Program. A student must have received special education services at some point during the 2016 – 2017 school year through an IEP. A student must be reported by a school district(s) in either the October 2016 **OR** March 2017 student counts **OR** in final student record as a student receiving special education services by the end of the 2016 – 2017 school year.

**Note: If a student attended a private school through the Special Needs Scholarship Program during the 2016 - 2017 school year, a parent/guardian is eligible for public school choice options for the 2017 – 2018 school year.**

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**TRANSFERS WITHIN A SCHOOL SYSTEM (e.g. transfer from one public school in a county to another in the same county)**

A school system reviewing a transfer request must evaluate the request based on availability of space and/or the availability of a special education program at the requested public school that can meet the services outlined in a student's IEP. If there is no space available and/or if the public school requested by a parent/guardian cannot provide the special education services outlined in a student's IEP, then the school system can deny the transfer request.

**TRANSFERS OUTSIDE OF A SCHOOL SYSTEM (e.g. transfer from a public school in Cobb County to a public school in Cherokee County)**

A school system reviewing a transfer request to its school system from another school system can deny a request for any reason even if there is space and the availability of a special education program at a requested public school. **Note:** It is allowable for a school system to have a policy not to accept students that reside outside of the school system.

If a school system approves an out of system transfer request, it can charge a parent/guardian for the costs of educating a student; also known as out of district tuition. Funds received through the GSNS Program cannot be used to offset the costs of out of district tuition.

**IMPORTANT**

If a transfer request is granted by a school system, the student must be allowed to complete all grades at a school. For example, if a student is granted a transfer request to a middle school that serves grades 6 - 8, the transfer request would apply to the student's attendance through grade 8. The parent would need to file another transfer request if the parent wished to send the student to a different high school.

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**SCHOOL CHOICE FORM**

**Date: December 21, 2016**

Student's Name \_\_\_\_\_

Current 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 **current public school system** student attended during 2016 - 2017 school year:

\_\_\_\_\_

Name of **districted home school of attendance** for the 2017-2018:

\_\_\_\_\_

If applicable, name of **private school** student attended during 2016- 2017 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 System

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

**FOR SCHOOL SYSTEM USE ONLY**

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The \_\_\_\_\_ received this request from the  
Name of School System

\_\_\_\_\_ on \_\_\_\_\_  
Name of Parent/Guardian/Other Date

**Within System Transfers. 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 student's IEP.**

**Out of System Transfers.**

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

\_\_\_\_\_  
Name and title of school system representative (please print)

\_\_\_\_\_  
Signature of school system representative

\_\_\_\_\_  
Date