

Randolph County Schools
Office of Attendance
40 Eleventh Street
Elkins, WV 26241
(304) 636-9150 Ext. 154

Date Rec'd _____
Rec'd by _____

IN-COUNTY TRANSFER REQUEST

Date of Application _____ For the _____ School year (ex. 2018-2019)

Name of Parent _____

Physical Address (Location, NO Route No. or PO Box):

Mailing Address, if different:

Home Phone _____ Work Phone _____ Other _____

Student Name(s)	Date(s) of Birth	Current Grade Level	Grade Level For Year Requesting	Special Education (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

School Requesting: _____

School zone in which you live: _____

Did you receive out-of-zone permission last year? Yes _____ No _____

Reason(s) for request: _____

Transportation to the requested school becomes the sole responsibility of the parent/guardian when a student transfers outside his/her attendance area, including transportation from/to childcare locations. Randolph County Schools will not assume responsibility for any transportation, and/or other expenses relating to this transfer.

An in-county request must be submitted for each year. It may become necessary to revoke this transfer if the student/teacher ratio allowable by West Virginia Code is exceeded. Revocations of in-county requests will be in reverse order of date received (last in-first out). Non compliance with county and/or local school policies may result in denial of the request. **Out-of-zone residency is not an excuse for absenteeism or tardiness; students must report to school on time, and be picked up from school at the designated time.**

By signing below, I certify that I am the legal guardian of the child(ren) listed above and I agree to the aforementioned statements.

Parent/guardian signature: _____ Date: _____
.....

Approved: _____ Denied: _____ Reason: _____

Authorized Signature/Title Date: _____

White - Central Office

Yellow - In Zone

Pink - Receiving School