

Colquitt County School District
House Bill 251
School Attendance Request
School Year _____

Dear Parent or Guardian:

Under a 2009 state law (O.C.G.A. 20-2-2131), parents/guardians may request a transfer to another school within the Colquitt County School District. In order for you to request permission for your child(ren) to attend a school other than his/her assigned school, you must complete this form in its entirety.

I am requesting permission for my child(ren) whose name(s) and other relevant information are listed below to attend _____ School. My child(ren) is (are) presently assigned to attend _____ School based on the location of my residence.

| First Name | Middle Name | Last Name | Birthdate | Grade |
|------------|-------------|-----------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

By signing this document of request you are acknowledging that if your request is approved ***it is conditional***. In the event that maximum class is exceeded anytime during the school year; any child attending based on the provisions of this law shall be returned to his/her assigned school based on the principle of "last in, first out".

Parent/Guardian (Please Print) _____ Date _____
Residential Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Phone Number _____
(Home) _____ (Work) _____

Parent/Guardian Signature _____

Please return form to:

For Kindergarten to 12th grade:

Colquitt County Board of Education
Mr. Leonard McCoy
710 28th Avenue S.E.
P.O. Box 2708
Moultrie, Ga. 31776
lmccoy@colquitt.k12.ga.us

For Pre-K:

Colquitt County Board of Education
Mrs. Lynn Clark
3300 Hwy 33 North
Moultrie, Georgia 31768
lclark@colquitt.k12.ga.us

For Office Use Only

Do Not Write Below This Line

Principal's Office

Date received ___/___/___

All requested information provided? ___ Yes ___ No

Is adequate space available? ___ Yes ___ No

Recommend for approval ___ Yes ___ No

Signature _____ Date ___/___/___

Superintendent's Office

Date received ___/___/___

Approved ___ Yes ___ No

Notification provided to parent/guardian ___/___/___

Notification provided to receiving school ___/___/___

Signature of Superintendent or Designee _____

Date ___/___/___

Time _____