

Please complete all required information and submit to the office of your school of choice.

JOHNSON CITY SCHOOLS
APPLICATION FOR TRANSFER
2019-20 School Year

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

HOME SCHOOL ZONE \_\_\_\_\_ SCHOOL REQUESTED \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_
(street, city, zip code)

REASON FOR REQUEST \_\_\_\_\_

I acknowledge that I have been advised of my responsibilities under the transfer policy as follows:

- 1. This application is for the 2019-20 school year only and will not be retained after this year. A new application must be completed each year I wish to be considered.
2. If my child is selected this year, I must file a new application for the next school year for continuing attendance in the requested school as a transfer student. Failure to apply will be considered intent to return to the school in the zone of residence.
3. I understand priority for placement in the elementary school of Johnson City is as follows:
1st priority In-zone student
2nd priority Transfer students already enrolled & in good standing
3rd priority Siblings of enrolled transfer students
4th priority New transfer students
5th priority Tuition students already enrolled in good standing
6th priority New tuition students (includes siblings of present students)
4. I understand I may be forfeiting a space in the home school if this transfer application cannot be honored.
5. I understand no transportation is provided for transfer students.
6. I understand all transfer students must abide by the rules of the receiving school.
7. I understand all transfer students must be approved by the Superintendent of Schools.
8. I have provided proof of residency within Johnson City city limits.

I HAVE READ & UNDERSTAND THE APPLICATION REQUIREMENTS, PRIORITY FOR PLACEMENT, & TRANSFER POLICY.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

FOR SCHOOL USE ONLY

DATE OF APPLICATION \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

SELECTED FOR CONSIDERATION ON \_\_\_\_\_

FINAL ACTION BY THE PRINCIPAL:

\_\_\_\_\_ APPROVED FOR TRANSFER \_\_\_\_\_ NOT APPROVED FOR TRANSFER

TEACHER ASSIGNED \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_