



Georgia Special Needs Scholarship Program (GSNS) Public School Transfer Request Form

****For Special Needs Only****

Public School Transfer Form

Date of Request:	Student's Name:	Current Grade:	Date of Birth:
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If applicable, name of public school system attended during the 2017-2018 school year:

If applicable, name of public school attended during the 2017-2018 school year:

If applicable, name of private school attended during the 2017-2018 school year:

* Note: If an eligible student attended a private school through the GSNS Program during the 2017-2018 school year a parent can make a request for a public school transfer for the 2018-2019 school year.

Request for Transfer

As parent/guardian, I am requesting a transfer for my student (please print name) _____ to attend another public school in the Savannah-Chatham County Public School System as noted below:

Parent/Guardian (Please Print):	Home Address:	City:	State:
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Zip Code:	Phone Number:	Email Address:
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Public School Requested (First Choice):	Second Choice:
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***Please note: Transportation will NOT be provided for approved transfers*.**

For additional information regarding the GSNS Program, visit <http://public.doe.k12.ga.us/sb10.aspx>

Intra-District Transfers (Within System). More than one box may be selected. For District Use Only

<input type="checkbox"/>	After Consideration, the transfer request is approved to:
<input type="checkbox"/>	After Consideration, the transfer request is denied based on school capacity.
<input type="checkbox"/>	After Consideration, the transfer request is denied due to lack of program alignment to the IEP
<input type="checkbox"/>	Notes/Comments:

Requests must be submitted by **May 25, 2018**. Parents will be notified by **June 29, 2018**.

Please fax, mail or deliver completed form to:
Mrs. Linda Morgan, Interim Director
208 Bull Street, Room 204
Savannah, Georgia 31401
Phone: 912-395-5877 Facsimile: 912-201-7692