

Rome City Schools

Transfer Request Form

Parents: Please complete this form and mail it to Office of Superintendent, Rome City Schools, 508 East 2nd Street, Rome, Georgia, 30161-3112 or email the form to tprice@rcs.rome.ga.us.

Under a 2009 state law (O.C.G.A. 20-2-2131), parents may request a transfer to another public school within their local school district. If you want to request a transfer, please complete the information below.

The transfer request form must be returned to the Superintendent's Office by 4:30 p.m. on Wednesday, July 29, 2009.

Parent Transfer Request Form (Parents Must Complete)

Student Information

Date: _____ Student's Name: _____

Grade: _____ Birth Date: _____ Age: _____

Home Address: _____

Mailing Address: _____

Phone: _____ Email (if available): _____

Which Rome City School is the student zoned to attend in 2009-2010?

Parent Request for School Transfer

I, _____ am requesting a transfer for _____

to attend _____ School. I fully understand that

it is my responsibility to provide transportation to and from school each day.

Parent/Guardian Signature

Date