

# Washington County Public Schools Student Transfer Request Form 2020-2021 School Year

**DIRECTIONS:**

- If student resides **WITHIN** Washington County: apply ONE TIME only.
- If student resides **OUTSIDE** Washington County: must apply EACH YEAR prior to the start of school. A tuition fee will be charged to non-resident students and the cost will be established by the Washington County School Board.

Completed forms may be mailed to Washington County Public Schools, 812 Thompson Drive, Abingdon, VA 24210, attention: Janet Lester. Scanned signed forms may be e-mailed to [janetl@wcs.k12.va.us](mailto:janetl@wcs.k12.va.us).  
**Deadline June 15, 2020**

Student's Last Name	First Name	Middle Name	Grade in 20-21
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School Attended in 19-20	School in Attendance Area	School Requested for 20-21
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Reason for transfer request (please check all that apply):

- Request to continue at current school (past approval granted)
- Sibling(s) currently in county – name(s) and school(s) attending \_\_\_\_\_
- Moving into county during school year (must provide proof of future residency)
- Moving **out** of Washington County and wish to remain at current school (must change address at school)
- Moving **within** Washington County and wish to remain at current school (must change address at school)
- Other (please explain) \_\_\_\_\_

Parent / Guardian Name (PLEASE PRINT): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parent employed in school system:      Yes \_\_\_\_\_      No \_\_\_\_\_

**Mailing address if different from above:** \_\_\_\_\_

Phone:    Home (    ) \_\_\_\_\_      Work (    ) \_\_\_\_\_      Cell (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Did your child receive any of the following services at a previous school (check all that apply)?

- Gifted and Talented
- English as a Second Language (ESL)
- Services under an Individualized Education Program (IEP)
- Other (please specify) \_\_\_\_\_

List disability and any other pertinent information \_\_\_\_\_

**FOR HIGH SCHOOL STUDENTS ONLY:**

**VHSL RULES APPLY TO HIGH SCHOOL STUDENTS WISHING TO TRANSFER**

Section 28-6-1 Transfer rule of the Virginia High School League states that a student will be ineligible to participate in VHSL-sponsored activities for 365 consecutive calendar days if enrolled in one high school and subsequently transfers to another high school without a corresponding change in residence of his/her parents/guardians.

**HIGH SCHOOL PARENT/GUARDIAN: Please sign to signify your understanding of this rule.**

Date: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**READ BEFORE SIGNING**

Below you will find the section of the school admission policy (JEC) which refers to out-of-zone transfers. The entire school admission policy can be found on the Washington County School web page at [www.wcs.k12.va.us/policies/manual/pdfs/j/jec1.pdf](http://www.wcs.k12.va.us/policies/manual/pdfs/j/jec1.pdf)

Students who live outside Washington County may attend Washington County Public Schools if it is in the best interest of the Washington County Public Schools and approved in writing by the division superintendent. Approval/rejection will be based on consideration of, but not limited to, the following: (1) available space; (2) class size {including consideration of specialized program needs}; (3) student behavior; and (4) educational/financial advantage to the Washington County Public Schools. A tuition fee will be charged to non-resident students and the cost will be established by the school board. Recognized exchange students living with Washington County residents may attend Washington County Public Schools without tuition payment. Inter-zone transfer and non-resident admission may be rescinded for cause at any time.

I request permission to transfer my child. I understand and accept that transportation is the responsibility of the parent or guardian. I have read and understand transfer policy JEC and regulation (R)-JEC.

\_\_\_\_\_ Date \_\_\_\_\_ Parent / Guardian Signature

**Division Recommendation:** Approve \_\_\_\_\_ Deny \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Division Administrator Signature \_\_\_\_\_ Date