

In-System Transfer 4/19

**REQUEST FOR SCHOOL TRANSFER WITHIN NCCS
NEWTON-CONOVER CITY SCHOOLS**

605 North Ashe Avenue
Newton, NC 28658
(828) 464-3191 (828) 466-0063 Fax

I request that _____, grade _____, be transferred to _____ School for the _____ school year. We live in _____ School district lines.

Reason(s) for requested transfer: _____

Does this student receive services for Exceptional Children (EC)? Yes No

If yes, what primary EC area: _____

I understand that the district is under no obligation to provide transportation and that any attendance, behavior or academic problems may result in the revocation of an approved transfer.

Date _____
(Parent or Legal Guardian signature)

Address _____ City/State _____

Home Phone _____ Work Phone _____

SCHOOL ACCEPTANCE

The above request to transfer to another school has been Approved Not Approved

Principal _____ Date _____

The above student request to attend has been Accepted Not Accepted

Principal _____ Date _____

Comments _____

CENTRAL OFFICE AUTHORIZATION

If Receiving EC Services, EC Director Signature _____

The above transfer has been Approved Not Approved

Superintendent or Designee _____ Date _____

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If there is a change of residence please notify this office at 464-3191. This release will be reviewed by NCCS yearly.