

# Charles County Public Schools

## School Change Request

### Out of County/Tuition

### School Year 2018-2019

- Please return completed form to the Department of Student Services.
- Applications must be submitted after January 1, 2018 and/or before May 1, 2018 for School Year 2018-2019.
- Request is required to be submitted annually.
- Transportation will be the responsibility of the parent/guardian.
- Transfer requests are accepted for grades K-12 only.

#### Part 1 – Student Information

Student Name:
Student Date of Birth:
Current Grade:
Home Street Address (where student is domiciled):
City/State/Zip:

#### Part 2 – Mother/Guardian Information

Mother/Guardian:
Address:
City/State/Zip:
Preferred Phone Number:
Email Address:
Mailing Address:
City/State/Zip:

#### Part 3 – Father/Guardian Information

Father/Guardian:
Address:
City/State/Zip:
Preferred Phone Number:
Email Address:
Mailing Address:
City/State/Zip:

#### Part 4 – Request

Student's Assigned Home School:
County in which the student is domiciled:
Requested School:
Request for <b>2018 - 2019</b> School Year
Grade of Student During Requested Year:
If parent/guardian is a CCPS employee; Work Location _____ <div style="text-align: right; margin-right: 50px;">Job Title _____</div> <div style="text-align: right; margin-right: 50px;">Date of Hire _____</div>
Reason for Request: <i>(Attached a separate sheet if needed)</i>

#### Part 5 – Parent Verification

<i>I hereby declare and affirm under penalties of perjury that the information provided above is true and correct to the best of my information, knowledge, and belief. I understand and agree that if false information is provided, the out-of-zone placement will be denied or revoked, and criminal penalties may apply.</i>
Parent/Guardian Name (Printed):
Parent/Guardian Signature/Date:

#### Part 6 – School Assignment Decision *(For Use by Student Services Only)*

Placement:      Approved: _____      Denied: _____ <div style="text-align: right; margin-right: 50px;">Reason for Denial _____</div>
Director of Student Services Signature/Date: _____

**(READ AND COMPLETE SIDE 2)**

## **SCHOOL TRANSFER REQUESTS**

### **Instructions**

The Charles County Public Schools system will make every attempt to honor a request for a school transfer. Please fill out the form completely and attach any further information you believe we should know. Send the completed form to the Department of Student Services, Charles County Public Schools, P.O. Box 2770, La Plata, MD 20646, for processing. This form may be faxed to 301-392-7511.

The school will review the approval every year and the following factors, among others, will be considered when determining if the transfer approval will remain in effect:

- the original reason for the transfer is still in effect
- the student's attendance and behavior records are acceptable
- the student's academic effort
- the school does not become overcrowded

The receiving school and the school system reserve the right to rescind the transfer permission at any time for justifiable causes.

If you have any questions or concerns, please call the student services department at 301-934-7326 or 301-870-3814. Thank you.

### **From the Office of School Administration**

**The following athletic eligibility procedures/rules regarding the situations listed below will be followed.**

- **HOUSING – OCCUPANCY PENDING**
  - Student may enroll for academics. May not participate in athletics until house in school zone is occupied.
- **GUARDIANSHIP – PENDING**
  - Student may enroll for academics. May not participate in athletics until court documents are received granting guardianship.
- **JOINT CUSTODY**
  - Student is ineligible until domicile is established.
- **HOMELESS STUDENTS**
  - Follow federal guidelines.
- **ALL OTHER TRANSFERS, INCLUDING TUITION PAYING STUDENTS:**
  - A student who is transferred to a high school other than the zoned school **on or prior** to the first day of school shall not be eligible for interscholastic athletics for one school year. A student who is transferred to a high school other than the zoned school **after the first day** of school shall not be eligible for one full calendar year from the date the student is initially enrolled.

**I have read and understand the above instructions for a School Transfer Request.**

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Printed Name

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Signature/Date