Revised: May 13, 2020

| Case # | NEW | RENEWAL |
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| | | |

LAWRENCE COUNTY SCHOOL SYSTEM

| STUDENT MOBILITY ANI | O TRANSFER REQUEST FORM | |
|---|--|--|
| STUDENT'S NAME | GRADE RACE | |
| HOME ADDRESS | PHONE NUMBER | |
| | ATE ZIP CODE | |
| Requested Effective Date | (<u>August</u> for Fall Semester or <u>January</u> for Spring Semester) | |
| Current School | Requested School | |
| Student lives in the | (school) attendance zone | |
| l, the undersigned parent/guardian, hereby request that n upon the following provisions in the Student Mobility Poli | ny child be allowed to transfer to the requested school based cy: | |
| aAdministrative Transfer bIn-county child of School-Based Employ cOut-of-county child of School-Based EdNo-Child-Left-Behind Transfer | | |
| | ate the school where the employee is employed) | |
| Please follow the instructions below based on your a I. Access to Supporting Documents - If you are al to this document. | ble to provide the documents listed below, please attach them | |
| 2. A copy of the tax Assessment from the Lawre | | |
| | ts – You do not need to complete this section if you provided you are unable to provide the documents listed above due to e following options: | |
| | e property on which I currently live is accurately reflected in essment from the Lawrence County Revenue Commissioner's year. | |
| can produce a deed and a copy of | document is my primary address and, I further certify that I a Tax Assessment from the Lawrence County Revenue is fact once the Courthouse has reopened. | |

NOTE: If your request is ultimately granted and you were unable to provide the requested documents, your transfer will be granted only for the Fall 2020 semester, beginning in August. Because your transfer request is based on your certification as to the accuracy of your primary residence, you must provide a

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copy of your deed and a Tax Assessment from the Lawrence County Revenue Commissioner's Office as evidence of your address by October 1, 2020, for your transfer to be extended into the Spring 2021 semester. Failure to do so will result in the revocation of your transfer at the end of the Fall 2020 semester

| By signing below, I affirm that the information provided i | n this document is true and correct. |
|---|--------------------------------------|
| Parent/Guardian Signature | Date |
| The transfer application must be submitted by June 1 for an Augu Student Mobility Committee will then determine which requests a Student Mobility Transfer Policy. That committee will then submit action. | |
| The Student Mobility Request forms may be hand-delivered or mai Moulton, AL 35650. You may contact the Lawrence County Board | • |
| ************************************** | JSE ONLY******************** |
| Date Request Received | Received By |
| Request and All Requested Information: | |
| Complete Incomplete | Incomplete Notice given on (date) |
| Committee Approved (date) | Committee Denied (date) |
| Board Approved (date) | Board Denied (date) |
| Notification to Parent/Date(Letter Attached) | Certified Mail No(date) |