

Application for In-County Pupil Transfer **2023-2024** school year

For students who live *within* Roanoke County and are requesting a transfer within Roanoke County Public School System

STUDENTS NAME			DATE OF BIRTH
LAST	FIRST	MIDDLE	
Is student in Special Education or has student had an active individualized educational program (IEP) at any time during the last school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what Special Education Program? _____			

SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED	SCHOOL REQUESTED FOR 2023/24		
SCHOOL WHERE STUDENT CURRENTLY LIVES	CURRENT GRADE LEVEL	2023/24 GRADE LEVEL	STUDENT'S ID #
REQUIRED DOCUMENTATION: MUST be received by requested school before transfer request will be considered. 1) attendance report, 2) discipline report, 3) most recent report card, 4) mortgage/lease and 5) Authorization for release/exchange of record information.			
REASON FOR REQUEST (Please provide a brief explanation): _____ _____ _____			
Are there siblings already enrolled in Roanoke County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____			

NAME OF PERSON MAKING REQUEST	RELATIONSHIP TO STUDENT	
HOME ADDRESS	<input type="checkbox"/> Parent (with legal custody) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other (specify) _____	
_____ City State Zip	BEST CONTACT NUMBER	ALTERNATIVE CONTACT NUMBER

My signature on this request verifies all information to be true and confirms my understanding of the following: 1) I have read in its entirety and fully understand the Roanoke County School Board Resident and Nonresident Policy (7.02). 2) I understand and agree that all required documentation must be submitted before transfer request will be considered.	
PARENT/GUARDIAN SIGNATURE	DATE

Completed applications must be mailed to: **Dr. Rhonda Stegall, Assistant Superintendent of Administration**
Roanoke County Schools
Attn: Student Transfers
5937 Cove Road
Roanoke, VA 24019-2403

Please call Paula Williams at 540-562-3900 ext. 10120 or email pbwilliams@rcps.us with questions.

Office Use: ☐ ☐ ☐ ☐



AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

PLEASE COMPLETE THIS REQUEST BY LEGIBLY PRINTING IN THE APPROPRIATE SPACES.
Release effective until otherwise notified.

GU.3-134-23

SCHOOL USE ONLY:

____ DATE SENT

____ Mail ____ FAX ____ INDV

Student Name: Last First Middle Maiden

Street Address City State Zip Code

Area Code and Telephone Number Date of Birth

Current/Last School Attended Date Graduated/Withdrew

I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE INFORMATION WITH:

Name Telephone Number

Complete Address

I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE THE FOLLOWING INFORMATION:

- X Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardized achievement test scores; school, community activities; work experience)
- ☐ Health-Physical Fitness Data: Certificate of Immunization
- ☐ Intelligence, Aptitude, Interest Test Scores
- ☐ Social History (if available)
- ☐ Legal, Psychological, Psychiatric, and Medical Reports (if applicable)
- ☐ State required reports of evaluations and other pertinent reports and programs for exceptional students
- ☐ Release student-athlete transcripts to coaches/colleges/recruiters
- ☐ Other _____

The reason for this disclosure is: Request to transfer to a Roanoke County Public School

I understand that I have the right to request a hearing to challenge the content and accuracy of the school record requested.

Date

Parent/Guardian/Eligible Student Signature

Return information to: _____

IN-SCHOOL USE ONLY (form is on the intranet)