

**ONLY COMPLETED AND APPROPRIATELY DELIVERED FORMS WILL BE  
CONSIDERED FOR SCHOOL CHOICE OPTIONS**

**Walker County Schools  
School Choice Framework Request Form  
House Bill 251  
(Deadline for submission August 23, 2017)**

**Parents/Guardians: Complete this form and return to:  
Attn: Mr. Chris Chambers  
Advancing Education Center  
Osburn Campus  
925 Osburn Road Chickamauga, GA 30707  
[chrischambers@walkerschools.org](mailto:chrischambers@walkerschools.org)**

Under a 2009 state law (O.C.G.A. §20-2-2131), parents/guardians may request a transfer to another public school within their local school district. If you wish to request a transfer, please complete the following information.

---

**Parent Transfer Request Form (Parents/Guardians Must Complete)**

Student Information

Date \_\_\_\_\_ Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name of Custodial Parent or Guardian requesting transfer \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Name of School student is zoned to attend in 2017-2018. \_\_\_\_\_

---

**Parent/Guardian Request for School Transfer**

I \_\_\_\_\_ am requesting a transfer for \_\_\_\_\_  
*Name of Parent/Guardian* *Student's Legal Name*

to attend one of the following schools in the Walker County School District. I fully understand that my child/ward may transfer only if classroom space is available at the time this request is approved by the Walker County School District.

**Parent/ Guardian Ranked List of Schools for Transfer (where more than one school is available).**

1. \_\_\_\_\_
2. \_\_\_\_\_

---

**Parent/ Guardian Signature**

---

**Date**