

**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 27, 2019)**

**Parents/Guardians: Complete this form and return to:
Attn: Mr. Glen Brown
Advancing Education Center
Osburn Campus
925 Osburn Road Chickamauga, GA 30707
glenbrown@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 2019-2020. _____

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