

Georgia Special Needs Scholarship Program (GSNS) Public School Transfer Request Form

For Special Needs Only

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Public School Transfer Form				
Date of Request:	Student's Name:		Ô´ ^} óGrade:	Date of Birth:
If applicable, name of <u>pu</u>	 <u> Iblic school system</u> attende	d during the 201208\$ sch	ool year:	
If applicable, name of <u>pu</u>	ıblic school attended durinç	the 20120&\$ school year		
If applicable, name of <u>pr</u>	ivate school attended durin	g the 201208\$ school year	:	
a request for a public sc	hool transfer for the 2020-	-2021 school year.	rogram during the 2019-2020	school year, a parent can make the GSNS Program.
		Request for Tra	nsfer	
As parent/guardian, I am requesting a transfer for my student (please print name)to attend another public school in the Savannah-Chatham County Public School System as noted below:				
Parent/Guardian (Please Print):		Home Address:	City:	State:
Zip Code:	Phone Number:		Email Address:	<u>'</u>
CŒĒCFÃÖ¦æå^Ã∰∰∰Public School Requested (First Choice):		Second Choice:		
	sportation will NOT be		d transfers*.	<u>asp</u> x

Intra-District Transfers (Within System). More than one box may be selected. For District Use Only
After Consideration, the transfer request is approved to:
After Consideration, the transfer request is denied based on school capacity.
After Consideration, the transfer request is denied due to lack of program alignment to the IEP
Notes/Comments:

Requests must be submitted by May 24, 2042. Parents will be notified by June 52, 2042.

"'Please fax'tt 'mail completed form to: Dr. Michelle Finch, Senior Director 624'O ct ngv'Ut ggv

Savannah, Georgia 3140: Phone: 912-395-5877 Facsimile: 912-201-7692

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