

SWAIN PUBLIC SCHOOLS  
PO Box 2340, Bryson City, NC 28713  
Telephone: 828-488-3129 Fax: 828-488-8510  
REQUEST FOR STUDENT TRANSFER/REASSIGNMENT

Name of Parent or Legal Guardian \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
School district in which you currently reside: \_\_\_\_\_ Grade: \_\_\_\_\_  
School to which transfer is being requested: \_\_\_\_\_  
If request is approved, date to be enrolled: \_\_\_\_\_  
Reason for request (If more space is needed, attach a letter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that this request is contingent upon space availability in the requested school, and that I will be responsible for transportation to and from that school unless I request and am granted permission for the above named child(ren) to be transported by bus to and/or from a location other than home and such request does not require a bus to deviate in any significant way from an established route within the requested school district. You must complete a Request for School Bus Transportation for Out of District Assignment.**

**Also, if request is to transfer from another school system, release must be obtained from that school system's superintendent. Students who attend a school outside their attendance area are expected to arrive and depart on the regular schedule. In the event a student habitually fails to observe the regular school schedule, the principal has the authority to make a recommendation to the superintendent that the student return to the school in the attendance area in which he/she resides. If a student develops serious behavioral problems, then it is possible the student will have to return to the home district school.**

\_\_\_\_\_  
Parent or Legal Guardian Date

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To be completed by the Superintendent's Office, Swain County Public Schools:  
Will cause class load to be exceeded: Yes \_\_\_\_\_ No \_\_\_\_\_ Verified with principal \_\_\_\_\_

Request is:  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
\_\_\_\_\_  
Superintendent Date  
Swain County Public Schools

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Release from other school system if applicable:  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
School System \_\_\_\_\_  
\_\_\_\_\_  
Superintendent Date

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cc: Principals  
Superintendent (if applicable) Parent Notified \_\_\_\_\_