

Colquitt County School System

School Attendance Request

School Year _____

Dear Parent or Guardian:

Parents/guardians may request a transfer to another school within the Colquitt County School District. In order for you to request permission for your child(ren) to attend a school other than his/her assigned school, you must complete this form in its entirety.

I am requesting permission for my child(ren) whose name(s) and other relevant information are listed below to attend _____ School. My child(ren) is (are) presently assigned to attend _____ School based on the location of my residence.

First Name	Middle Name	Last Name	Birthdate	Grade

By signing this document of request you are acknowledging that if your request is approved ***it is conditional***. In the event that maximum class size is exceeded anytime during the school year; any child attending out of zone may be asked to return to his/her assigned school based on the principle of "last in, first out". If attendance or tardiness becomes an issue, your child may be asked to return to the school of residence. ***Transportation is your responsibility.***

Parent/Guardian (Please Print) _____ Date _____
Residential Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Phone Number _____
(Home) _____ (Work) _____
Parent/Guardian Signature _____

For Office Use Only:

Principal's Office:
Date Received: ____/____/____ Is space available: ____ yes ____ no Recommend for approval: ____ yes ____ no Parent notified: Date: ____/____/____ Time: ____ Signature: _____ Date: ____/____/____
Superintendent's Office:
Superintendent or Designee's Signature: _____ Approved ____ Yes ____ No Date: ____/____/____