

**Georgia Public School to Public School Transfer Request for Special Needs Students Only**  
(O.C.G.A. § 20-2-2113)

**Parents: please complete this form and bring it to the appropriate school system's school board office.**

**Parent Right to Choice**

Under a 2007 state law (O.C.G.A. § 20-2-2113), parents whose students meet the Georgia Special Needs Scholarship [eligibility criteria](http://public.doe.k12.ga.us/sb10.aspx) (http://public.doe.k12.ga.us/sb10.aspx) now have the right to request a public school transfer from:

- Their current public school to another public school within their district of residence;
- Their current public school system to another public school system; or
- Their current public school to one of the three state schools for the blind and deaf.

**Public School System Responsibilities**

**Intra-District Transfers (within system)**

Under the same state law (O.C.G.A. § 20-2-2113) a school system considering a transfer request between school in their system may deny a parental request for transfer based on the lack of capacity and/or the lack of a program aligned with the student's IEP. Capacity is defined two ways:

- 1) Capacity of the school building based on established health and safety provisions; and
- 2) Class-size capacity by grade and subject, based on state law and rule.

**Inter-District Transfers (out of system)**

Under the same state law (O.C.G.A. § 20-2-2113) a school system considering a request for a transfer to their school system from another school system may choose or not choose to accept the student if there is capacity and a program aligned to the student's IEP.

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**Georgia Parent Transfer Request Form**

Student Information

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
2007-2008

Name of Parent/Guardian/Other requesting transfer \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-Mail \_\_\_\_\_

Name of Public School System (2006-2007) \_\_\_\_\_

Public School Student Attended in 2006-2007 \_\_\_\_\_

**Request for transfer**

I \_\_\_\_\_ am requesting a transfer for \_\_\_\_\_  
Parent/Guardian/Other Student's Name

to attend \_\_\_\_\_ in the \_\_\_\_\_ School System.  
Name of Public or State School

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR SCHOOL SYSTEM USE ONLY**

The \_\_\_\_\_ School System received this request from the parent/guardian/other on

\_\_\_\_\_  
Date

**Intra-District Transfers (within system)**

- After consideration, **the transfer request is approved.**
  
- After consideration, **the transfer request is denied based on school capacity.**
  
- After consideration, **the transfer request is denied due to the lack of program alignment to the IEP.**

**Inter-District Transfers (out of system)**

- After consideration, **the transfer request is approved.**
  
- After consideration, **the transfer request is denied.**

\_\_\_\_\_  
Name School System Representative  
(Please print)

\_\_\_\_\_  
Representative's Signature