

Charlton County Board of Education

Board Members:
Dr. Matthew P. Sands
Mrs. Lucille Hannans
Mr. Pender Lloyd
Mr. Curtis Nixon
Mr. Joey Chancy

1259 Third Street
Folkston, GA 31537
(912) 496-2596
Fax: (912) 496-2595

Superintendent
Dr. John D. Lairsey
Associate Superintendent
Mr. Alexander S. McQueen

Georgia House Bill 251 Public School Choice Annual Parent Notification

RE: Public School Choice for 2014-15

Dear Parents:

As the parent or guardian of a student currently enrolled in our school district, we are writing to notify you that under a new state law you may request to transfer your child in grades K-6 to another public school in the Charlton County School System for the upcoming 2014-2015 school year.

Parent Responsibilities

As a parent or guardian, you can request to have your child transferred to another public school within your school district of residence as long as the school district has determined that there is available classroom space at the school after all assigned students have been enrolled. Please keep in mind that if you choose to transfer your child to another school in the district, **the law requires you to assume all costs and responsibilities related to the transportation of your child to and from the school as long as your child remains at that school.**

In order to process your request, you will need to complete and submit the attached "Transfer Request Form." Transfer request will be considered based on the capacity of the buildings, class-size, and by grade and subject.

If you have questions regarding this, please contact the Charlton County Board of Education at 912-496-2596.

Sincerely,

John D. Lairsey, Ed.D.
Superintendent

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Charlton County Schools House Bill 251 (2014-15) Public School Choice Transfer Request Form

Parents: Please complete this form and deliver it to: **Dr. John Lairsey**
Charlton County Schools
1259 Third Street
Folkston, GA 31537

Under a 2009 state law (O.C.G.A. 20-2-2131), parents may request a transfer to another public school within their local school district. If you want to request a transfer, please complete the information below.

Parent Transfer Request Form (Parents Must Complete)

Student Information

Date _____ Student's Name _____

Grade _____ Birth Date _____ Age _____

Name of Custodial Parent/Guardian requesting transfer _____

Home Address _____
Street City State ZIP

Phone _____ E-Mail (if available) _____

Charlton County School the student is zoned to attend in 2014-15 _____

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Parent Request for School Transfer

I _____ am requesting a transfer for _____
Name of Parent/Guardian Student's Legal Name

to attend the following school in the district: _____. I fully understand that my child may only be eligible to transfer if space is available at the time this request is approved by the local school district. I understand that I will be responsible for transporting my child to and from school.

Parent/Guardian Signature

Date