

**STAFFORD COUNTY PUBLIC SCHOOLS
STUDENT OF SCPS RESIDENT EMPLOYEE -- TRANSFER APPLICATION**

INSTRUCTIONS: Part-time or full-time SCPS employees who reside in Stafford County must complete Part I, sign and **submit the application to the Student Transfer Office**. Submit a separate form for each child. Reference: Policy and Regulation 2103, Student Transfers. **Please note the new email address.**
Email completed application from your SCPS Gmail account to transfers@staffordschools.net.

PART I STUDENT TRANSFER REQUEST (please print)

STUDENT TRANSFER REQUEST: (choose one)

- Option 1:** Attend school at my work location/school nearest my work location.
- Option 2:** Attend a school other than my work location/school nearest my work location for **ONE** of the following reasons:
- Specific medical, emotional or adjustive need – **Attach professional documentation** Child Care - FOR ES and MS students ONLY
 - Other valid need – **Attach documentation of the valid need (Attach Child Care Verification Form)**
 - Sequential (multi-year) curricular program – name of program: _____

Student Name: _____
LAST NAME FIRST NAME MIDDLE NAME

For school year: _____ Current School: _____ Requested School: _____

Base School: _____ Grade Level: _____ Gender: Male Female

Parent/Guardian Name: _____ Home Phone: _____

Street Address/Apt #: _____ Other Phone: _____

City, State, Zip: _____ SCPS Email: _____

School/Work location: _____ Job title: _____

Does your student have an IEP? Yes No If yes and your child is new to the division, attach a copy of the IEP.

I understand if the transfer is approved: 1) transportation is not provided by SCPS for students attending school on an approved transfer; 2) per Policy 2103, transfers may be denied or revoked due to attendance, discipline, or if the reason the transfer was approved is no longer valid; 3) the student must be a Stafford County resident; and 4) approval of transfer does NOT mean Virginia High School League (VHSL) eligibility is granted. A student may not be eligible to participate in VHSL sponsored activities per VHSL Transfer Rule 28-6-1. A student may lose eligibility if the student's transfer is revoked or rescinded. Eligibility is determined at the school into which you are transferring.

I understand it is a misdemeanor to make false statements as to school division or attendance zone residency. I certify that all the information on this application is correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

(Typing your name constitutes an electronic signature. Emailing from your SCPS GroupWise account verifies your electronic signature.)

PART II HUMAN RESOURCES EMPLOYMENT VERIFICATION

Requirements met? Y N HR's signature: _____

Comment: _____ Date: _____

PART III SPECIAL EDUCATION/ ADMINISTRATIVE RECOMMENDATION (office use only)

Program available? Y N Comments: _____

Signature: _____ Date: _____

PART IV CENTRAL OFFICE USE ONLY

Date Reviewed: _____ Received By: _____ Code: _____

Transfer: Approved Denied Reviewed By: _____ Date: _____

Comments: _____

Appeal: Approved Denied Signature: _____ Date: _____