



2024-2025 New Out of District Transfer Enrollment Request Form

PLEASE TYPE OR PRINT

I hereby request that my child, _____ be considered for admittance from _____ School to _____ School beginning the 2024-2025 school year. I understand that by requesting admission my child will follow the rules and regulations by the Henry County Board of Education. I also understand that as the parent/legal guardian, I must assume responsibility for transporting my child(ren) to and from school. Furthermore, I understand that my child may not act as a participant in any athletic team, club, or organization for one (1) school year after approved transfer. Please include with this application an approval/release affidavit from the resident superintendent. **Return this form to the Central Office no later than March 22, 2024. This form may be emailed to enrollment@henrycountyboe.org.**

Parent/Legal Guardian Signature

Date

Phone Number

Office use Only

Date/Time Received: _____ By: _____

Qualification Checklist

_____ Acceptable attendance rate	Siblings/Grade: _____
_____ Average/Above Average Academic Scores	_____
_____ Satisfactory Discipline Record	_____
_____ Available Space	_____
_____ Child's Grade Level	
Resident Superintendent Approval _____ Approved	_____ Not Approved

Tuition Checklist (pending approval)

_____ \$1,700 Student Tuition
 _____ Number of Siblings
 _____ Sibling Tuition (\$1,700 per sibling)

Superintendent's Signature/Date

Principal's Signature/Date