

Board of Education
Tucker Green, Chair
Katherine White, Vice-Chair
Sue Finley
Steve Smith
Joeta Youngblood



Dr. Carlton Wilson
Superintendent

Tony Young
Assistant Superintendent

May 1, 2019

Dear Pickens School District Family,

Our school district family has a unique opportunity to help create family oriented schools of excellence. With this goal in mind, our Board of Education developed a policy granting parents the freedom to request the elementary school for their child with the following conditions:

* The elementary school chosen has room for more students.

*Parents must notify the school district in writing by completing the application on the back of this letter on or before May 24, 2019 requesting their child be permitted to attend a different school.

*This written notice should be hand delivered to the front desk of the Pickens County School District Central Office, 100 D.B. Carroll Street, Jasper, Georgia between the dates of May 1 and May 24. Our office is open 7:30 a.m. – 4:30 p.m., Monday – Friday.

*If parents chose a school outside of their assigned school district, they must provide transportation to and from school for their children.

*If attendance, tardiness, discipline, or academics become an issue, the student will be required to return to their districted school.

*Parents may elect to transfer their child back to their districted school during the school year; however, they may not request a transfer to any other school.

If you have any questions or concerns, please contact your child's principal or my office.

Sincerely,

Dr. Carlton Wilson



100 D.B. Carroll Street • Jasper, Georgia 30143 • (706) 253-1700 • Fax: (706) 253-1705



www.pickenscountyschools.org



SCHOOL CHOICE TRANSFER REQUEST

2019-20

For Official Use

Received by: _____
Date: _____ Time: _____

ABOUT THIS DOCUMENT

Please return this document by hand delivery notice to the following address:

Pickens County Board of Education
100. D.B. Carroll Street
Jasper, GA. 30143
(706) 253-1700

STUDENT INFORMATION – complete one form for each student

Last Name First Name Middle Name Grade (2019-20)

Age Birthdate Sex Male Female

Pickens County School Student Attended in 2018-19

911 Physical Address City, State, ZIP Home Phone

Mailing Address (if different) City, State, ZIP

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name Home Phone Work Phone Cell Phone

TRANSFER REQUEST

I am requesting a transfer for the student listed above to attend the following school for the 2019-20 school year:

Pickens County School for 2019-20

I fully understand my child may only attend my first choice of schools if space is available at the time this request is approved by the Pickens County School District. I also understand I MUST transport my child to and from school each and every day. Additional transfer request conditions apply as stated on the reverse side of the form. **The deadline to request a transfer is May 24, 2019.**

X _____ X _____
Print Name of Parent/Guardian Signature of Parent/Guardian Date