



COBB COUNTY SCHOOL DISTRICT

514 Glover Street, Marietta GA 30060

Fax: 678-594-8731

2009-2010 School Year SCHOOL CHOICE APPLICATION

Forms may be faxed, mailed or hand delivered to the office of Student Support, 514 Glover Street Marietta GA 30060
Please, use one form per student

Under HB 251 (O.C.G.A. 20-2-2131) parents/legal guardians may request a transfer to another public school within their local school district.

Date _____

Student Name _____ Grade _____ Birthdate _____ Age _____
2009-2010

Name of Custodial Parent/Legal Guardian requesting transfer _____

Home Address _____

City _____ Zip _____ Phone _____ E-mail _____

School Student Attended 2008-2009: _____

CCSD School the student is zoned to attend 2009-10: _____

Does this child receive Special Educational Services? Yes () No () If yes, which program _____

CONDITIONS OF TRANSFER:

- Students who transfer under HB 251 are eligible to complete the highest grade of the school without applying again each year: K-5, 6-8, 9-12.
- The transfer school must have available classroom space as defined by CCSD
- The transfer school must have the specific Special Education program to meet the needs of the IEP, if applicable
- Parents/guardians are responsible for transportation to and from the school.
- High School students are responsible for being informed regarding eligibility for athletics.

TRANSFER REQUEST:

I am requesting that my child attend one of the following other schools in the district. I fully understand that my child may only receive my first choice of schools if space is available at the time this request is approved by the local school district:

1. _____
2. _____
3. _____

Parent/Guardian Signature

Date

District Decision

Date _____ Student's Name _____ GTID# _____

____ Approved to attend _____
School

____ Denied for the reason: _____

District Official