

Montgomery County Public Schools TRANSFER REQUEST FORM

Student's Full Name _____

Current School _____

Requested School _____

Second choice _____

Requested start date _____

Grade level (use grade the child will be in at the start date listed) _____

Parent's/Guardian's Name _____

Address _____

Street address

City

State

Zip Code

Phone Number _____

Email address _____

School Attendance Zone (where you live) _____ School

Reason for request:

Note: I understand that according to Virginia law, to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone is a **Class 4-misdemeanor** (MCPS Policy 7-2.2, Virginia Code § 22.1-264.1).

Parent/Guardian Signature _____ Date _____

Mail form to:

Elementary Transfers	Secondary Transfers
Dr. Lois Graham Director of Elementary Education 200 Junkin Street Christiansburg, VA 24073	Nelson Simpkins Director of Secondary Education 200 Junkin Street Christiansburg, VA 24073

A copy of this form may be sent by mail, fax, or email.	Fax: 540-381-6532 Email: lgraham@mcps.org (Elementary) nsimpkins@mcps.org (Secondary)
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