

**LYNCHBURG CITY SCHOOLS
STUDENT TRANSFER REQUEST**

Student's Name _____ Student ID# _____ School Year _____
(first and last name – no nickname)

Grade Level _____ Birth Date _____ Sex _____ Race _____

Address _____ City _____ Zip Code _____
(street address – no PO Box)

Parent/Legal Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

School Student is zoned to Attend _____

School Requested _____

Second Choice Requested _____

Does your student currently participate in any activity governed by the Virginia High School League (athletics, cheerleading, Academic Bowl, etc.)? Yes No

If not currently, does your student plan to participate in a Virginia High School League governed activity during the _____ school year? Yes No

Transferring outside your attendance zone may mean that your student will not be eligible to participate in any Virginia High School League activity during _____ the _____ school year.

* Check this box if your student receives special education services (including speech) and indicate the type of services received _____

- **Transportation for transfer students is not provided by Lynchburg City Schools.**
- **Request for transfer is for the following reason:**

Specific reason for request: _____

Parent/Guardian Signature: _____ Date _____

For Office Use Only	
Decision _____	
If denied, reason _____	
Signature _____	Date _____

INSTRUCTIONS

- This form is for grades K through 12 only. Preschool applications must be made through the preschool program.
- If you are seeking a transfer for more than one student, you must complete a separate request for each child.
- A separate transfer request must be submitted for each school requested.
- Requests must be legible and complete. Any incomplete request will not be considered.
- Information given on a request, such as address and response to question about expulsion or long-term suspension, will be compared to data in the school Student Information System for verification.
- Requests must be submitted with an original signature. Faxed or photocopies will not be accepted.
- Student ID # is the seven-digit number issued to each student upon enrollment in Lynchburg City Schools.
- Students must be enrolled in the school they are zoned to attend before a transfer can be considered.
- You must list your address of residence, not a PO Box or business address. List the student's complete address, as well as apartment or lot numbers.
- Requests for transfer will be reviewed by the Superintendent or Director of Student Services. In addition, a specific and detailed reason for the request must be supplied.
- **Transportation for transfer students is not provided by Lynchburg City Schools.** Signing and submitting a request for school transfer certifies that the parent/ guardian will provide transportation so that student will maintain good attendance (including promptness), will adhere to the school's code of conduct and will engage in appropriate academic effort as determined by school personnel.
- Return the completed request to LCS School Counseling Department at the following address:

Lynchburg City Schools
Student Services Department
ATTN: TRANSFERS
915 Court Street
Lynchburg, Virginia 24504