McDowell County Schools
334 South Main Street
Marion, North Carolina 28752
(828) 652-4535

Student Transfer/Release Application for School Year _____

ONE FORM REQUIRED FOR EACH STUDENT – DO NOT FAX

STEP 1 – CHOOSE ONE ADMISSION/RELEASE OPTION AND REASON - SEE DETAILS ON REVERSE

☐ A) Release from a McDowell County School for Admission to Another McDowell County School	☐ B) Release from McDowell County Schools to Another County (Requires Board of Education Approval)	☐ C) Admission Into McDowell County Schools from Another County (Requires Board of Education Approval)
Parent/Guardian must obtain signature from: Releasing Principal **AND** Receiving Principal.	Parent/Guardian must obtain signature from: Releasing Principal **ONLY.**	Parent/Guardian must obtain signature from: Receiving Principal **AND** Releasing District (attach copy of any documentation of release from the releasing district)
☐ **Current MCPS Employee – Will be verified.** ☐ **Childcare Proximity** ☐ **Completion of School Year** ☐ **Sibling Placement** ☐ **Work Proximity – May be verified.** ☐ **Other** _____ _____ _____	☐ **Childcare Proximity** ☐ **Completion of School Year** ☐ **Employed by Another School System** ☐ **Sibling Placement** ☐ **Work Proximity – May be verified.** ☐ **Other** _____ _____ _____	☐ **Current MCPS Employee – Will be verified.** ☐ **Childcare Proximity** ☐ **Completion of School Year** ☐ **Sibling Placement** ☐ **Work Proximity – May be verified.** ☐ **Other** _____ _____ _____

STEP 2 – STUDENT & PARENT INFORMATION – PLEASE PRINT LEGIBLY

Student's Name	Requested Grade Level	FROM: Releasing School (School in Home District)	TO: Receiving School (School Requested)

Custodial Parent/Guardian:_____ Preferred Phone No.:_____ Alternate Phone No.:_____

Street Address: _____ City:_____ State:_____ Zip:_____

Mailing Address (if different):_____ County of Residence:_____

I certify that all information provided is true. Falsification of information will result in an immediate denial or revocation of the student's Transfer/Release Request.

Is parent a current McDowell County School Employee?
☐NO ☐ Yes, Location _____

_____ _____
Signature of Parent/Legal Guardian Date

STEP 3 – PARENT/GUARDIAN MUST OBTAIN PRINCIPAL SIGNATURES BEFORE SUBMISSION

Approved ☐ Not Approved ☐ **Releasing** Principal's Signature: _____ Date: _____

Approved ☐ Not Approved ☐ **Receiving** Principal's Signature: _____ Date: _____

CONTINGENCIES PLACED UPON ADMISSION BY RELEASING/RECEIVING PRINCIPAL (attendance, discipline):

STEP 4 – APPROVAL OR DENIAL

- Each completed application requesting Release from McDowell County Schools or Transfer into McDowell County Schools will be evaluated at an upcoming School Board meeting. A confirmation letter will be mailed after the meeting to acknowledge the official approval or denial of the application.

McDowell County Board of Education:
Meeting Date: _____

☐ Approved ☐ Denied

Executive Director of Administration Recommendation: Approved ☐ Not Approved ☐

_____ Date: _____
Signature

Revised 05.15