

STUDENTS

Student Transfers - Kindergarten/Elementary/Middle School

I. School Attendance Zones

- A. Students are required to attend school in their designated attendance zone based on their primary nighttime domicile/residence. This school is the base school.
- B. Parent/guardian may request to transfer to a school outside their attendance zone using the Transfer Request Process.

II. Acceptable Reasons for Transfer Request

A. Specialty Program

- 1. Students must apply within established deadlines and be accepted into the program.
- 2. In instances when two or more like programs exist, attendance areas will be established and communicated yearly.
- 3. If a student withdraws or is dismissed from a specialty program, he/she may be returned to the assigned base school once the withdraw process is complete.

B. Parental Employment in Prince William County Public Schools (PWCS)

- 1. Parent/guardian must be a full time employee.
- 2. Parent/guardian may request to enroll their student at their work site, or a different level school which is immediately adjacent to their work site.
- 3. Employees assigned to central locations may request to enroll their student at only those schools which are located the closest to their work site.

C. To Leave a School that is Significantly Over Capacity to Alleviate Overcrowding

- 1. A parent/guardian may request a transfer from a significantly overcrowded school to a significantly under enrolled school.
- 2. A list of schools to which this clause may apply will be published by January 15 each school year.

D. To Address Hardship in Finding Safe Affordable Before and/or After School Child Care Within the Student's Attendance Zone

1. Child care provider must operate within Prince William County.
2. Parent/guardian must complete the Child Care Verification form (Attachment III).
3. The student must attend the school zoned for the child care provider's address.

E. School Age Care Availability – Elementary Only

If the School Age Child Care (SACC) program is not offered or is full at a student's base school, the parent/guardian may request a transfer to a school that is open to transfers and provides the Elementary SACC program.

F. Extenuating Circumstances

1. To meet the specific health needs of the student – must include the Student Health Information form (Attachment II) completed by the appropriate medical professional.
2. To address the specific emotional needs of the student – must include the Student Health Information form (Attachment II) completed by the appropriate medical professional.
3. To allow a student to transfer who has been a victim of a violent crime – supporting documentation must be submitted.
4. To allow students to complete the school year when a family move takes place during the second semester of the school year.
5. To allow students to transfer based upon an anticipated change in residence.
 - a. The move in date must fall within the first 90 calendar days of the semester in which the transfer is sought.
 - b. Documentation must be provided to support this type of transfer (copy of deed, lease, contract, etc.)

III. Transfer Request Parameters

- A. Student transfers are granted for a period of one school year or the end of the current school year if a request is granted after the start of the school year.

- B. A transfer to another school is considered a privilege. A transfer may be rescinded for the current year or denied for the following year for any serious infraction of the “Code of Behavior,” truancy or tardy issues, or failure to comply with the requirements of a specialty program.
- C. A transfer request submitted after the established deadlines for both existing and new students will be denied by the requested school principal.
- D. Transportation will be provided, on a limited basis, only to those students who are members of a specialty program. Transportation for those students whose transfers are granted for all other acceptable transfer reasons will be the responsibility of the parent/guardian.
- E. The student transfer request process is only available to those students who are bona fide residents of Prince William County. Considerations for students who are non-residents can be found in Regulation 346-1, “Tuition.”

IV. Transfer Request Process

A. Specialty Programs

1. Parent/guardian applies to and is accepted into a specialty program.
2. The student transfer form is completed when the student commits to their selected program and submitted to the program coordinator.
3. In subsequent years, the specialty program coordinator will manage the transfer process for the student. No student transfer form is completed when a student remains in the same program for subsequent years.

B. All other Transfers

1. Parent/guardian or adult student completes the Transfer Request form (Attachment I) and submits it to the base school principal. All required documentation should accompany the form.
2. Base school principal signs the form and returns it to the parent/guardian or forwards it directly to the requested school.
3. The request school principal approves or denies the transfer request.

- V. Schools Closed to Transfers
 - A. Each year, the appropriate Level Associate Superintendent will determine which schools are closed to transfer students. The closure may be for the entire school or a specific grade level. This decision will be communicated on the Prince William County website and by other means by January 1 of the affected calendar year.
 - B. At any time, the principal of a school that exceeds its building capacity can recommend to the Level Associate Superintendent that the school be closed to any additional transfers.
- VI. Transfer Request Timeline
 - A. Kindergarten
 - 1. Transfer requests will be accepted after the parent/guardian has completed the registration process at the base elementary school during the published kindergarten registration window.
 - 2. The Transfer Request form may only be submitted after the entire school registration process is completed and verified at the base school.
 - 3. The parent/guardian will be notified of the requested school principal's decision no earlier than June 1 or within 15 business days of receipt of the completed transfer form and any required associated documents.
 - B. Specialty Program
 - 1. Apply to the program by the published date for the requested school year.
 - 2. Complete the Transfer Request form after accepted into the program.
 - 3. In subsequent years, a student in a specialty program, if remaining in the program, will not have to complete a Transfer Request form. Rather, the school will generate a list of names of returning students for verification.
 - C. All Other Transfers
 - 1. Submit the Transfer Request form to the base school principal beginning January 2 and no later than April 30.
 - 2. Parent/guardian will be notified of the requested school decision by May 15.

D. Students Who Move into Prince William County

1. Students may apply for a transfer for parental employment in PWCS or extenuating circumstances within 30 days of moving into Prince William County.
2. Students who move into Prince William County prior to January 1, and are requesting transfer for the subsequent school year, must meet all established deadlines for the specialty program application process.
3. Students who move into Prince William County after January 1, may apply to a specialty program for the subsequent school year within 30 days of moving into the county. Students may be admitted on a space available basis.

VII. Transfer Request Appeal Process

- A. Appeals may be submitted in writing to the Supervisor of Secondary Counseling and Student Support Services (Middle School) or the Supervisor of Elementary Counseling and Related Services (Elementary School) by June 1 of the school year in which the transfer was denied by the requested school.
- B. The appropriate Supervisor will consult with the Director of Student Services and will communicate the final appeal decision to the parent/guardian by June 30.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2018.

**Prince William County Public Schools
STUDENT TRANSFER REQUEST FORM - Grades K-8**

INSTRUCTIONS: Carefully read the information provided in Regulation 721-1, "Student Transfers - Kindergarten/Elementary/Middle School Attendance Areas" before completing this application. Complete Part I and submit the application to the base school principal no later than **April 30** prior to the year in which the transfer is sought. **The student must attend the base/zoned school until a transfer decision is made.**

PART I – TO BE COMPLETED BY THE PARENT/GUARDIAN

Request for School Year:	Student's Grade during School Year Indicated:
Zoned School:	Requested School:
Student Name:	
Student Date of Birth:	Student Number:
Parent/Guardian Name:	Parent/Guardian Phone:
Parent/Guardian Address:	
Parent/Guardian Contact Email:	
1 st Parent/Guardian Place of Employment	Bus. Phone:
2 nd Parent/Guardian Place of Employment	Bus. Phone:

Reason for Request (Check box to the right of the appropriate transfer reason. Please choose only ONE reason. Make sure to include listed attachments from Regulation 721-1.)			
Child Care (Attachment III) →	Extenuating Circumstances (Attachment II or other documentation) →	PWCS Parent/Guardian Employment →	
SACC Closure (Elem. Only) →	Specialty Program →	Leave Significantly Over Capacity School →	

Parent(s)/guardian(s) are responsible for transportation. Transfers are valid for one year only unless the student has transferred for a specialty program. Specialty program transfers may be renewed using the procedures indicated in Regulation 721-1. I certify that all the information on this application is correct to the best of my knowledge. I certify that the student involved in the request is not seeking a transfer to participate in extracurricular activities. In addition, I understand that transferring my high school student after ninth grade will change the VHSL activities eligibility status for the next 365 days.

Parent/Guardian Signature:	Date:
----------------------------	-------

PART II. SCHOOL REVIEW AND RECOMMENDATION (office use only)

Base Zoned School:	Comment:	
Principal Signature:	Date:	
Requested School:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Reason:		
Principal Signature:	Date:	

PART III. APPEAL PROCESS (OFFICE OF STUDENT SERVICES use only)

Signature:	Date:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
------------	-------	----------------------------------	-------------------------------

**STUDENT TRANSFER REQUEST ADDENDUM
STUDENT HEALTH INFORMATION**

Part I: TO BE COMPLETED BY THE PARENT/GUARDIAN	
Student Name:	School Year of Transfer Request:
Student Address:	
Assigned School:	Requested School:
Part II: TO BE COMPLETED BY A PHYSICIAN, LICENSED CLINICAL PSYCHOLOGIST OR PSYCHIATRIST	
The above-named student has requested a transfer of schools based on a physical or psychological reason. Please assist staff in making a determination by completing the questions below as applicable to this student, providing sufficient details to allow staff to make a decision. A medically-related transfer shall not be considered unless this form accompanies the transfer request.	
Reason for Original Referral:	Date of Referral:
Current Diagnosis (please use diagnosis applicable to DSM or CPT codes):	
Treatment Plan and Prognosis:	
How would a transfer to the aforementioned requested school assist the student and you in working towards your treatment goals?	
Name of Medical Professional Completing this Form:	
Address:	
Telephone Number:	Fax Number:
Signature:	Date:
Has the parent signed a release for you to consult with Office of Student Services Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**STUDENT TRANSFER REQUEST ADDENDUM
VERIFICATION OF CHILD CARE**

This form is required documentation for all child care student transfer requests K-8 only. The child care provider must be located within the requested school boundaries. Full-time before and/or after school child care and full-time employment of parent(s)/guardian(s) outside of the home is required for student transfer consideration on the basis of child care. Be sure to fill in all sections or enter "N/A" in sections not applicable.

PART I: TO BE COMPLETED BY PARENT/GUARDIAN

Student Name:	Date of Birth:
---------------	----------------

Student Grade Level:	Requested School:
----------------------	-------------------

1st Parent/Guardian Place of Full-Time Employment Outside the Home:

2nd Parent/Guardian Place of Full-Time Employment Outside the Home:

Under § 22.1-264.1 of the Virginia Code, any person who knowingly makes a false statement for the purposes of enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to § 22.1-5, for the time the student was enrolled in such school division. I certify that if any of the conditions indicated in this document should change during this school year, (I) (we) will notify the school administration within 10 business days. My signature below certifies that I understand this statement.

Parent Signature:	Date:
-------------------	-------

Part II: TO BE COMPLETED BY CHILD CARE PROVIDER

Name of Provider/Business:

If individual provider please list relationship to the child:

Provider/Business Address:

Please list the zoned school for the Provider/Business Address:

Provider/Business Telephone:

I hereby certify that I/We have agreed to provide regular child care services for the aforementioned student at the following times:

Under § 22.1-264.1 of the Virginia Code, any person who knowingly makes a false statement for the purposes of enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges, pursuant to § 22.1-5, for the time the student was enrolled in such school division. I certify that if any of the conditions indicated in this document should change during this school year, (I) (we) will notify the school administration within 10 business days. My signature below certifies that I understand this statement.

Provider Signature:	Date:
---------------------	-------