

Out of Area Transfer: Request for Placement/Annual Continuation

- Student must be currently enrolled in an Anne Arundel County Public School prior to submitting the application.
- Applications submitted after May 1st will not be accepted unless the student is new to the school attendance area or there is a bona fide emergency or event that could not have been foreseen prior to May 1st.
- Return day care applications to the school for the area in which your provider resides.
- · Return applications for continuation of placement to the school.
- Send all other applications to the Office of Pupil Personnel, Anne Arundel County Public Schools, 2644 Riva Road, Annapolis, MD 21401.

Student's Name	(Last)	(First)	(Initial)	Birthdate (MM-DD-YYYY)		Sex Female
Student's assigne	d Home School					_
A. Reque	est for Transfer First	t time request? ■ Yes ■ No	or B. Reque	st for Continuati	on of Trans	fer
I am requesting that my child Transfer to : (Name of School)): (Grade) 	I am requesting that my child Cont i (Grade) (Name of School)		ue to Attend	(Grade)
Reason Out of Area Transfer is Requested (must be completed every year):						
Mother's/Guardian's	s Name	Home Phone	Work Phor	ne	Cell Phone	
motion by decided to traine			116.11.1.16.			
Father's/Guardian's	Name	Home Phone	Work Phor	Work Phone		
Parent's/Guardian's Home Address (Street) (City) (Where student is residing)					(State)	(Zip Code)
	vider who will provide day care for r elementary or middle school child	I		Care Provider's Phone		
Address of Care Pro	ddress of Care Provider (Street)		(City)		(State)	(Zip Code)
Conditions of	of Approval— An Out of A	Area Transfer must be re	newed for each ye	ar and is subject t	o:	
 verification of information on this form, grade 3 and above maintaining a "C" average, 						
• temporary reassignment of students by the Superintendent because of school construction, renovation, or an emergency situation, • maintaining satisfactory attendance-94% or better daily attendance and no more than 5 tardies in a marking period and production and no more than 5 tardies in a marking period and production.						•
 redistricting by the Board of Education, a change in procedures by the Board of Education or Superintendent, student not suspended or expelled from the student suspended or expelled from the suspended or expelled from the					•	
_	s maintaining satisfactory p	 any changes in student circumstances relevant to the reason(s) for the transfer (address, babysitting, employment, etc.). 				
_		esponsibility. Out of area socation of the out of area		mitted to ride an A	ACPS school	bus.
I hereby declare and affirm under penalties of perjury that the information provided above is true and correct to the best of my information, knowledge, and belief. I understand and agree that if false information is provided, the transfer will be denied or revoked.			Name of Parent/Guardian (Please Print)		D	ate of Application
			Signature of Parent/Guardian			
Date Received	Time Received	Signature of Pupil Personnel Of	Signature of Pupil Personnel Official/School Principal			e
ACTION Approved Denied Signature of Approval					Coc	le:

Date entered into SASI (Initials