



Return this form with supporting documentation to:

STUDENT SERVICES
430 GREENWOOD AVE.
CLARKSVILLE, TN 37040
Fax (931)553-2057; Phone (931)542-5065

REQUESTS SHOULD BE SUBMITTED TO STUDENT
SERVICES BY THE FOLLOWING DATES:
PERIOD I: MARCH 1 through APRIL 30
PERIOD II: JUNE 15 through JULY 22.

Clarksville-Montgomery County Schools SPECIAL TRANSFER APPLICATION (K-12)

Clarksville Montgomery County Schools have specific zones set up for school attendance. CMCSS students must attend the school in the zone where their parents/legal guardians have established their permanent home. To attend a school outside of your established zone, a transfer must be granted. Requests received after July 22 will be considered within thirty (30) school days. While requests are being considered, students must attend their zoned school.

					Grade _____
Student's Last Name	First	Middle	Sex	Birth Date	
Address of Parent or Legal Guardian – Number and Street (No P.O. Box)		Apartment #	City	Zip	Home Phone
Zoned School _____			Requested School _____		
Name of Parent/Legal Guardian					

Is your child currently enrolled in CMCSS? ☐ Yes ☐ No Is a sibling currently enrolled in the school you are requesting? ☐ Yes ☐ No

Is your child receiving special education services? ☐ Yes ☐ No

If yes, what special education service does your child receive (CDC, Resource, etc.)? _____

REASON FOR REQUEST TO BE CONSIDERED: (check one). **The request must be accompanied with the appropriate paperwork/documentation, including a letter from the parent stating reasons for the request.**

☐ **Curriculum (9-12)** Name of Career Technical Education Program: _____

☐ **Emergency/Unforeseen family circumstances** (ex.severe medical emergencies, catastrophic events, natural disaster): Attach documentation.

☐ **Psychological:** Serious emotional problems documented by psychologist/psychiatrist who is treating the student. Psychologist/Psychiatrist attached medical documentation will be considered.

☐ **Medical:** Serious medical problem documented by the physician treating the child. Attached medical documentation will be considered.

☐ **Continuity:** A change in permanent residency within the district. Grades 5, 8 and 12 will be considered. Documentation of the change of residence could include a signed lease or house contract and a utility bill for the new address (gas, electric or water) in the parent/legal guardian's name. Continuity for active-duty military dependent(s) for any grade level may be considered for a change in permanent residency or rezoning.

Old address: _____ **New address:** _____ **Date of move:** _____

☐ **House Contract:** Possess a house contract in a requested school zone and will reside in the contracted home during the current school year.

☐ **Other:** Attach documentation describing the situation and any attempts to address the situation at the school level with a teacher, school administrator, and the appropriate level director prior to seeking a special transfer request.

If my transfer is granted, I understand that:

- I will be responsible for transportation to the new school assignment.
- Approval is granted through the duration of Elementary, Middle, or High School, whichever applies to when transfer was approved.
- Approval of a transfer is contingent on space being available in the requested program/grade.
- My child may be ineligible for athletics for 12 months from last date of participation at the previous school.
- Approval may be revoked due to excessive tardies, absenteeism, misconduct or poor academic performance.
- If approval is granted, the student must remain enrolled at the requested school for at least a semester before the parent can make a request to return to the student's zoned school. Requests for the student to return to his/her zoned school should be made based on emergency, medical, psychological, or academic grounds with documentation to support the reasons for the request.

***Parents will be notified by letter of approval or denial for Period I by May 15 and Period II by August 1.**

I certify that I have read this application in its entirety, and I also acknowledge that all information provided is true and correct to the best of my knowledge and belief.

Parent/Legal Guardian Signature _____ Date _____

Recommendation by Director/Designee: Yes _____ NO _____ Signature _____ Date _____