

Date Received _____ Date Completed _____

**PRE-K REQUEST FOR TRANSFER FORM
2011 - 2012 School Year**

Submit the *Request for Transfer* form by mail or in person, to:

Pre-Kindergarten Program
CMS Family Application Center
700 Marsh Road
Charlotte, NC 28209

For administrative use only:
Approved ____ Denied ____
Completed ____ Awaiting Space ____
ELLIE ____

Student's Name: _____
(Last) (First) (Middle) ID# - if known

Student's Date of Birth: _____ Parent Phone Numbers: _____

Parent / Guardian Address: _____
(House Number & Street) (Apt. #) (City) (Zip)

Current Site: _____

Requested Site: _____

Is this child receiving exceptional children's services? Yes ____ No ____

Reason for Request *Please indicate which reason fits your situation*

1. ____ Child of a CMS/NCPK employee (placement is not guaranteed). Indicate CMS/NCPK location: _____
2. ____ Medical and/or health condition of student - requires CMS medical packet
3. ____ Extreme hardship - requires written explanation. (Hardships are circumstances that affect the families' ability to support the educational success of the student.)

Conditions:

1. Parents must transport children to the school if the transfer is approved. Students must arrive on time and must attend regularly to remain at the school as a transfer student.
2. Complete the form entirely and legibly to avoid delays in processing.
3. Requests cannot be processed if the address provided on the form does not match the address in our system.

As the parent or guardian of the above named student, I have provided accurate information and understand the conditions listed above.

(Print Name of Parent / Guardian) (Signature of Parent / Guardian) / _____
(Date)

