

**Montgomery County Public Schools  
TRANSFER REQUEST FORM**

Student's Full Name \_\_\_\_\_

Current School \_\_\_\_\_

Requested School \_\_\_\_\_

Second Choice \_\_\_\_\_

Requested start date \_\_\_\_\_

Grade level (use grade the child will be in at the start date listed) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Street address

City

State

Zip Code

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

School Attendance Zone (where you live) \_\_\_\_\_ School

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** I understand that according to Virginia law, to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone is a **Class 4-misdemeanor** (MCPS Policy 7-2.2, Virginia Code 22.1-264.1).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Send completed form to:</b>	
Barbara Wickham Director of Elementary Education 750 Imperial Street NE Christiansburg, VA 24073	A copy of this form may be sent by mail, fax, or email. <b>Fax: 540-394-4444</b> <b>Email: <a href="mailto:barbarawickham@mcps.org">barbarawickham@mcps.org</a></b>