| OFFICE USE ONLY |
|---------------------|
| Date Received: |
| □ Approved □ Denied |



Please complete this form and return it to:

Carl Pauli
Director of Secondary Education
750 Imperial Street, SE
Christiansburg, VA 24073
cpauli@mcps.org and
heatherduncan@mcps.org

EXCEPTION TO STUDENT TRANSFER POLICY REQUEST FORM

Ref: MCPS Policy 7-2.2 & 7-2.4

| Student's Full Name: Parent/Guardian Name(s): School Currently Attending: _ Current Grade Level: | | | pol: |
|---|--|---|---|
| <u>Current</u> Residential Address: | Street Address | | |
| Phone Number:Email Address: | | State | Zip Code |
| Requested School: Grade-Level (as of Requested S | | Requested Start Dat | :e: |
| same attendance zone middle or high school of complete the following Sibling's Name: Sibling's Curren Sibling's Curren Date of Sibling's | as an older sibling outside the attend information: The street of the s | | ontinue attending a resides, please |
| Montgomery County. Proof of reside the physical address of the resident: Service tax reporting W-2 form from card; a receipt for personal property employer within the last three month | ence shall include, but a U.S. or Virginia inco the current year; a de taxes paid within the ns; or a telephone bill | resident is defined as one who resides not be limited to, two or more of the me tax return from the previous year; ed or lease agreement to the residence ast year; a payroll check or payroll cheissued within the last three months. Issions regarding residence for school a | following, which reflect; a U.S. Internal Revenue ce; a voter registration eck stub issued by an The division |
| particular school district or school att applicable law or (2) enrollment in a Class 4 misdemeanor and shall be lia | endance zone, for the school outside the att ble to the School Boar | s a false statement concerning the rese purpose of (1) avoiding the tuition chendance zone in which the student resd for tuition charges authorized by ap a Schools pursuant to Virginia Code § 2 | narges authorized by sides, may be guilty of a plicable law for the time |
| Parent/Guardian Signature: _ | | Date: | |