

Catoosa County Public Schools
Special Needs Scholarship Out of Zone Transfer Request
2022-23

Student Information

Student Name: _____ Date: _____ Scholarship Request Type: IEP
 Section 504

Grade: _____ Date of Birth: _____ Age: _____

Name of parent/guardian/other requesting transfer: _____

Residency Information

Home Address: Street _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Enrollment Information – Please Print N/A for information that is not applicable

Public school student attended during the 2021-22 school year: _____

Public school system student attended during the 2021-22 school year: _____

Private school student attended during the 2021-22 school year: _____

Request for Transfer

I, _____ am requesting a transfer for _____
Name of Parent/Guardian Name of Student

To attend _____ in the _____
Name of Public or State school Name of school system

Signature of Parent/Guardian/Other: _____ Date: _____

Notifications will be mailed to parents