

**PERQUIMANS COUNTY BOARD OF EDUCATION  
HERTFORD, NORTH CAROLINA 27944**



**STUDENT RELEASE/ACCEPTANCE REQUEST FORM**

**Please return form to:  
Perquimans County Schools  
411 S. Edenton Road St. / P. O. Box 337  
Hertford, NC 27944  
Fax: 252-426-4913 / Email: mpeelee@pqschools.org**

**Policy Code: 4130 Discretionary Admission**

The superintendent or designee shall approve or deny requests for admission to the school system for students who do not meet the domicile or residence requirements outlined in policy 4120, Domicile or Residence Requirements. Applications from residents of the school system will be given consideration before others. Admission may be granted for up to one full school year. An application must be submitted each subsequent school year in which admission is desired.

ADMISSION CRITERIA

A non-domiciled student may be admitted and enrolled, at the discretion of the superintendent, if the following conditions are met.

The parent, legal guardian or legal custodian must submit a request in writing that explains why, in the opinion of the parent, legal guardian or legal custodian, the student needs to attend school in the school system. An explanation of need may be considered when:

- a. there are compelling, specific circumstances indicating that the student should continue his or her education in the school system (as, for example, when the student is in his or her senior year when the parent, legal guardian or legal custodian becomes domiciled outside the school system);
- b. there is an extraordinary, compelling, specific family need (as, for example, when a parent, legal guardian or legal custodian is clearly unable to care for the child); or
- c. another extraordinary, specific, and compelling need or hardship is demonstrated.

Any reason having to do with athletics or participation in athletics is not a valid or sufficient explanation of need.

**North Carolina High School Athletic Association (NCHSAA) Student Transfer Policy**

A student's first transfer after initial entry into the 9<sup>th</sup> grade is not subject to the NCHSAA transfer rule (LEA to LEA). For any transfer thereafter, the student must sit out for two consecutive semesters (at least 50% of the current semester plus the following semester) or 365 days, whichever is less. (NCHSAA Board of Directors Meeting, May 3, 2017)

**THIS TRANSFER REQUEST IS FOR THE CURRENT SCHOOL YEAR ONLY**

**Note to Parents/Guardians:**

Please be aware of the following with regard to student transfer requests:

- A new student transfer request must be submitted each school year for each student.
- Transportation will not be provided for students if your request is granted for your child(ren). It will be the responsibility of the parent/guardian to ensure students are transported and arrive/depart in accordance with the school's schedule. If excessive student absenteeism or tardiness occurs, it could result in the revocation of the student's out-of-district placement.
- The principal may recommend transfer be revoked at any time for violation of attendance (including excessive tardiness) and discipline policies.

(over)

**Please complete the following information:**

Student's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

**Check one:** Request to Release \_\_\_\_\_ Request to Attend \_\_\_\_\_ Grade \_\_\_\_\_

If to release, to which school district? \_\_\_\_\_

\*If to attend, from which school district? \_\_\_\_\_  
\*You must obtain a release from the school district where you live.

**Check one:** Is this a first request? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how many years has your child been released to attend school in another county or accepted to attend school in Perquimans County? \_\_\_\_\_ year(s)

**Are you requesting transfers for other students in your family?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, list the names of other students in your family.**

Names	School Attending	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List specific reasons for your request. Please attach documentation that supports the reason for the request (guardianship verification, court orders, closing documents, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I declare the above-named student is not under suspension or expulsion from attendance at a private, public or charter school in this or any other state nor has he/she been convicted of a felony in this or any other state. By signing this application, I agree that I fully understand all of the information contained herein.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home or cell phone/work phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

For Board of Education Use:  
Request Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date of action by Perquimans County Board of Education \_\_\_\_\_