

**Savannah-Chatham County Public Schools
DERENNE SCHOOL TRANSFER REQUEST FORM
2011-2012 School Year**

Received
Date & Time Stamp

Student's name (*list only one child per form*) _____

Attendance Zone School _____

Student's grade level _____ Student's date of birth _____

Parent or Guardian's name _____

Parent or Guardian's address _____

City, State, Zip _____

Does this student have an open Individual Education Plan (IEP)? (circle one) Yes No

You may request to have your child attend any of the schools listed below. If interested, please rank all of the schools in order of preference with '1' being your first choice.* The district encourages you to rank as many choices as possible.

ATTENDANCE OPTIONS

Spring 2010 and 2011 CRCT Scores

**Please remember to rank all of the schools in order of preference with '1' being your first choice.*

	<u>Spring 2010</u>		<u>Spring 2011</u>	
	Eng/LA	Math	Eng/LA	Math
Derenne Middle School	87%	70.3%	83.6%	67.7%
<input type="checkbox"/> Hubert Middle School 768 Grant Street Savannah, Georgia 31401	82.3%	58.1%	83.7%	64.1%
<input type="checkbox"/> Southwest Middle School 6030 Ogeechee Road Savannah, Georgia 31419	89.9%	74%	92.1%	76.5%

** The Savannah Chatham County Public School System cannot guarantee that your child will be approved for a transfer to your top school choice. You will be informed of your child's school assignment. **If you would like for your child to remain at his or her current school, you do not have to complete this form or take any other action.***

Parent or Guardian's signature _____ Date _____

Daytime phone _____ Evening phone _____

Please complete and return this form by mail, fax or hand deliver to:

Derenne Middle School
10009 Clinch Street
Savannah, Georgia 31405

PHONE: 912-395-5900 FAX: 912-201-5864

TRANSFER REQUESTS MUST BE RECEIVED NO LATER THAN 2:30 p.m., Monday, August 22, 2011

For Office Use Only

F/R Status: _____ Achievement: _____

[] Approved [] Denied Explanation _____

School Official Signature: _____ Date _____

Approved Placement (Name of School) _____ Date _____

