



Rabun County Schools

House Bill 251 Public School Choice

Under a new law signed by Governor Perdue, parents of K-12 public school students in Georgia now have the option to enroll their child in any school within the local school district in which they now reside.

The law itself has three distinct features:

- A parent/guardian can elect to send a child to another public school in the same school district **as long as there is classroom space available at the school after its assigned students have been enrolled;**
- If a parent elects to exercise this choice option, **the parent assumes all costs associated with transporting the child to and from the selected school;** and
- A student who transfers to another school pursuant to this law may, at his or her election, continue to attend such school until the student completes all grades of the school.

Impact on Rabun County Schools:

- Only applies to Rabun Gap Community School and South Rabun Elementary School
- Transfer requests must be submitted by July 1 of upcoming school year
- Transfer Request Forms are listed below

For more information about HB 251 contact
Matt Arthur at 706-746-5376.

**Rabun County School system
House Bill 251 Public School Choice**

Transfer Request Form

Parents: Please complete this form and mail it to Rabun County Board of Education, Attn: Kitty Panell, 41 Education Street, Clayton, Georgia 30525.

Under a 2009 state law (O.C.G.A. §20-2-2131), parents may request a transfer to another public school within their local school district. If you want to request a transfer, please complete the information below:

Parent Transfer Request Form (Parents Must Complete)

Student Information

Date _____

Student's Name _____

Grade _____

Birth Date _____ Age _____

Name of Custodial Parent/Guardian requesting transfer

Home Address

Street

City

State

Zip

Phone _____

E-Mail _____

Rabun County School the student is zoned to attend

Name of School

Parent Request for School Transfer

I, _____, am requesting a transfer for

(Name of Parent/Guardian)
(Student's Legal Name)

to attend one of the following other schools in the district. I fully understand that my child may only receive my choice of schools if space is available at the time this request is approved by the local school district.

Parent/Guardian Ranked List of Schools for Transfer (where more than one school is available).

1) _____

2) _____

Date Parent/Guardian Signature