PROFESSIONAL TRANSFER REQUEST FORM
Georgetown County School District

NAME:_____

ADDRESS:_____
Street **City** **State** **Zip**

PHONE NUMBER:_____
Home **Work**

CERTIFICATION ENDORSEMENT(S):_____

_____

CURRENT SCHOOL LOCATION:_____

NUMBER OF YEARS TEACHING AT CURRENT LOCATION:_____

SUBJECT/GRADES CURRENTLY TEACHING:_____

I wish to be considered for the following school(s):

(1) _____

(2) _____

(3) _____

(4) _____

Signature of Teacher Requesting Transfer:_____**Date:**_____

Signature of Current Principal:_____**Date:**_____

THIS SECTION TO BE FILLED OUT IF TRANSFER APPROVED

Signature of Receiving Principal:_____**Date:**_____

_____ _____
Assistant Superintendent for Instruction **Date** **Executive Director for Human Resources** **Date**

BRING THIS FORM OR FAX TO HUMAN RESOURCES NO LATER THAN APRIL 1st – 436-7143

NO TRANSFER CAN OCCUR AFTER JULY 1
THIS REQUEST FORM MUST BE COMPLETED ANNUALLY