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Interim Superintendent of Schools
Dr. Brenda E. McCartney

OUT OF AREA TRANSFER REQUEST For School Year: 2024-2025

Sections I and II must be completed before request can be received by Garrett County Public Schools

I. STUDENT INFORMATION:

Student: _____	Grade: _____
Parent/Guardian: _____	Student's Home School: _____
Mailing Address: _____	(School located in your home district)
Home Phone: _____	Requested School: _____
Work Phone: _____	(School located outside your home district)

II. REASON(S) FOR THE REQUEST:

☐ Open School (No Reason Needed) ☐ Policy JCB Approved Reasons at a Closed School (**MUST PROVIDE A REASON BELOW**)

Request Reason for a Closed School: _____

If the Out of Area Transfer is due to Child Care, please complete the following information:

Child Care Providers Name: _____ Child Care Providers Phone: _____

Child Care Providers Address: _____

Child Care Providers Signature _____	Date _____	Parent/Guardian Signature _____	Date _____
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III. CONFERENCE:

Home School Request has been:

☐ Approved ☐ Not approved

Reason for non-approval: _____

Principal's Signature (Home School) _____ Date _____

Requested School Request has been:

☐ Approved ☐ Not approved

Reason for non-approval: _____

Principal's Signature (Requested School) _____ Date _____

IV. TRANSPORTATION DEPARTMENT:

☐ Provided by: Parent/Guardian ☐ Provided by: GCPS

Bus: _____ Stop Location: _____

Transportation Department Signature _____ Date _____

V. ACTION (To be completed by Student Services Department):

Your request has been: ☐ Approved ☐ Not Approved

Reason for non-approval: _____

Director of Student Services _____ Date _____

(If approved, a new request only needs to be resubmitted when the student changes schools.)