HARDSHIP APPLICATION INSTRUCTIONS

IMPORTANT NOTE: CURRENT APS STUDENTS MUST REMAIN ENROLLED IN SCHOOL WHILE AWAITING AN APPLICATION DECISION. APPLICATIONS RECEIVED FOR WITHDRAWN STUDENTS WILL NOT BE CONSIDERED.

A hardship transfer application must be completed on the basis of the existence of one of the following types of hardships in accordance with ADMINISTRATIVE REGULATION JBCCA-R(1) STUDENT ASSIGNMENT TO SCHOOLS – STUDENT TRANSFERS. Applications without supporting documentation will not be considered.

- Death of a parent/legal guardian
- Military parent deployed
- Services unavailable at zoned school
- Court order
- Medical reasons
- Curriculum continuity
- Other

**For Death of a parent/legal guardian – Complete Sections 1 & 2 only**

Supporting Documentation Required:

- Copy of parent/guardian's death certificate
- Funeral program/obituary
- AND copy of child's birth certificate or court guardianship documents

**For Military Parent Deployed – Complete Sections 1 & 3 only**

Supporting Documentation Required:

- Any official documentation from military which includes a basic letter verifying deployment

**Services unavailable at zoned school - Complete Sections 1 & 4 only**

Supporting Documentation Required:

- Any official medical documentation that substantiates services not available at zoned school

*NOTE: When special education services are not available at a student’s zoned school, the Special Education department will coordinate a transfer to a school with the services available. Parents need not complete a hardship application for this purpose.*

**Court order - Complete Sections 1 & 5 only**

Supporting Documentation Required:

- Court order or temporary restraining order/injunction

**Medical reasons - Complete Sections 1 & 6 only**

Supporting Documentation Required:

- Physician must complete the form within section 6
- Medical documentation reflecting the diagnosis date of the illness must be attached

**Curriculum continuity – Complete Sections 1 & 7 only**

Supporting Documentation Required:

- Zoned school’s principal or counselor must complete form within section 7

**Other – Complete Sections 1 & 8 only**

Supporting Documentation Required:

- Ex. Police report
- Ex. Medical/Physician report
APPLICATIONS SUBMITTED WILL BE REVIEWED
BY HARDSHIP COMMITTEE AND RESPONDED TO WITHIN 2 - 4 WEEKS
Applications submitted to: Department of Student Relations
130 Trinity Avenue, 2nd Floor, Atlanta, GA 30303
OFFICE: 404-802-2233
FAX: 404-802-1203

IMPORTANT: ALL HARDSHIP TRANSFER REQUESTS MUST INCLUDE SUPPORTING DOCUMENTATION THAT SUBSTANTIATES THE HARDSHIP IN ACCORDANCE WITH ADMINISTRATIVE REGULATION JBCCA-R(1) STUDENT ASSIGNMENT TO SCHOOLS – STUDENT TRANSFERS [SEE BACK OF APPLICATION]. THIS APPLICATION MUST BE FULLY COMPLETED. PLEASE PRINT LEGIBLY OR TYPE

Section 1.

Application Type:   New   ☐ Renewal ☐

Which transfer are you applying for?
☐ Death of parent/guardian   ☐ Military parent deployed   ☐ Services unavailable   ☐ Court Order   ☐ Medical reasons   ☐ Curriculum continuity   ☐ Other

Student’s Full Name: __________________________________________

Gender:   ☐ M   ☐ F   ☐ D/Birth:_______   Age: Grade your child will be in (SY2013-2014): _________

Parent/Legal Guardian:__________________________________________

Home Address: ________________________________________________

City:__________________________ State:__________ Zip:__________ County:__________

E-Mail: ____________________________________

Home #:________________________ Work #:__________________________ Cell #:__________________________

What school is your student zoned to attend by your address?________________________________________

In what school is your student presently enrolled?________________________________________

Does your child receive any Special Education Services? ☐ No   ☐ Yes If yes, service(s) received:_____________

Are you an APS Employee: ☐ No or ☐ Yes If yes, your APS base assignment:

Full Time ☐ or Part Time ☐

Transfer School Requested: _________________________________

Please read the following information carefully to determine if your child is eligible for an Atlanta Public School Hardship Transfer. Consideration factors for denial, revocation or non-renewal:

Attendance

Students who have missed schools in excess of the following number of days will be automatically denied a hardship transfer. Students currently attending a school on an approved hardship, but failing to maintain a satisfactory attendance record will be subject to revocation of the existing transfer

- Student has been tardy to school 15 or more times;
- Student has been absent from school 5 or more days, unexcused.
- If absences are excused or medical but exceed 5 days, parents must provide written explanation of why the absences occurred.

Discipline

Students who have not maintained satisfactory behavior in school are not granted permission to transfer under hardship policy. Students currently attending a school on an approved hardship, but failing to maintain satisfactory behavior will be subject to revocation of the existing transfer.

- Elementary school students who have been involved in 5 or more incidents;
- Elementary school students who have received more than 3 days Out of School Suspension;
- Middle or high school students who have received more than 5 days Out of School Suspension or In-School Suspension.
Students requesting a hardship transfer shall apply for such transfer through the Department of Student Relations on an annual basis. The request shall fully explain the reasons for the request. Parents/guardians and schools will be notified that the request for transfer has been approved or denied. The receiving school shall be the closest school to the student’s zoned school with available classroom space that offers the needed programs and services, ideally within the same cluster. No transportation will be provided, and hardship transfers are subject to revocation.

The Hardship Committee reserves the right to approve or deny transfers for any lawful reason that may or may not be listed above. An incomplete application could cause a delay in processing time. Please use the back of the last page if you have any additional information to share with the Hardship Committee.

I verify that the above information is true and correct and that I am the parent/legal guardian of the above named child. I also understand that the Atlanta Public School System does not provide transportation for a student who attends an out of zone school. I understand the parent/legal guardian is responsible for transportation. My child is currently not on suspension, expelled from school or assigned to alternative school. I also understand that students approved for transfers are expected to have regular and punctual attendance and to abide by all disciplinary rules at the transfer school where they attend. I understand this transfer is for one school year and must be renewed annually if the hardship continues to exist. By signing, I certify that I have reviewed the consideration factors above and my child is eligible for an Atlanta Public Schools hardship transfer.

Print Name of Parent/Legal Guardian: ____________________________________________________________

Parent/Legal Guardian Signature: ____________________________ Date: ______________________

Section 2.

Death of a parent/guardian: (attach a copy of parent/guardian’s death certificate, funeral program/obituary, AND child’s birth certificate or court guardianship documents)

Describe hardship related to death:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Section 3.

Emergency deployment of parent/guardian as a member of the U.S. Armed Services (attach appropriate supporting documentation)

Describe hardship related to deployment:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Section 4.

Services (ex. ESOL) cannot be provided by zoned school (attach appropriate supporting documentation)

NOTE: When special education services are not available at a student’s zoned school, the Special Education department will coordinate a transfer to a school with the services available. Parents need not complete a hardship application for this purpose.

Describe hardship:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Section 5.

Court order or temporary restraining order/injunction (attach court order)

Describe hardship related to court order:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Section 6.

Medical Hardship:
If a student has never attended the zoned school, the request is deemed unsubstantiated since the home school has not been given an opportunity to address the student's medical needs.

Consideration is given to requests for a student transfer from the home school to the next closest school with available space based on documented physical, psychological or emotional issues. The student’s physician or mental health provider must provide a written recommendation and professional opinion including the specific medical reasons for the recommendation. The parent may also provide a written explanation as to why the transfer should be granted. Medical hardships are not made a part of the student’s permanent record.

Application Guidelines: All medical information (letters/examinations) submitted must be current (within the last six months) Medical need must be substantiated by the home school with accompanying documentation and the transfer school must have appropriate staff to provide services requested.

Release of Student's Medical Information

As parent/guardian of ________________________________________(student), I assume all responsibility for any cost of this medical recommendation. I hereby authorize release of the information requested below to the Student Relations office.

Signature of Parent/Guardian:____________________________________ Date:____________

Recommendation of Physician (D.O. or M.D.), Psychiatrist (M.D.) or Clinical Psychologist (Psy.D., Ph.D)

1. Have you examined the student during the past twelve months? Yes □ No □

Examination Dates: ____________________________________________

Recommendation:___________________________________________________________________

2. Please attach specific detailed medical reasons (physical, emotional, and/or psychological) for this recommendation.

3. Under existing court orders, only substantial medical reasons can justify exceptions to school assignments. Would you be willing to defend your recommendations should this student's application be selected for review by the court or give the school attorney a deposition in the doctor's office if ever necessary? Yes □ No □

Doctor's Name (please print): ________________________________

Address: ______________________________________________________________________

Doctor's Signature: _____________________________________________________________

Court order or temporary restraining order/injunction (attach court order)

Describe hardship related to court order:

____________________________________________________________________________________________________

____________________________________________________________________________________________________
Curriculum Continuity (attach appropriate supporting documentation)

Curriculum Difference Hardship: MIDDLE/HIGH SCHOOL ONLY

Application Guidelines: Students must be passing all classes with a "C" or better. Students must be able to complete the entire program of study during their tenure at the transfer school as well as any additional classes required. Approval is based on space within the requested program and school.

Course(s) Needed __________________________ Course(s) Number __________________________

The course listed above IS NOT available at the student’s zoned school.

Signature of Zoned School’s Principal/Counselor

Section 8.

Other (attach appropriate supporting documentation)

Describe hardship:

________________________________________________________________________________________
________________________________________________________________________________________
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1.4. Hardship transfers
For the purposes of student transfers, a “hardship” is defined as the following:

a) Death of a parent or guardian

b) Emergency deployment of parent/guardian as a member of the U.S. Armed Services

c) Services cannot be provided by zoned school, such as a daily need for services provided by a school nurse

d) A court order, including a temporary restraining order or injunction

e) Medical reasons—the student’s physician, psychiatrist or psychologist must provide a written recommendation and professional opinion including the specific medical reasons (physical and/or psychological) for the recommendation and must be willing to defend the recommendation in court. The Background for Medical Hardship Request form must be completed by a physician (D.O. or M.D.), psychiatrist (M.D.) or clinical psychologist (Ph.D.) in addition to the Hardship Transfer Application form to substantiate the request.

e) Curriculum continuity—the superintendent, in consultation with the regional executive director and the Department of Student Relations, may determine that a high school student who is a new resident of the city of Atlanta or who moves within the city may qualify for a transfer to the nearest high school offering a particular program of study or foreign language that is not offered at their zoned school if the student has already begun the course sequence at their prior school. A program of study is a prescribed sequence of courses that leads to completion of a career and technical education pathway or to an International Baccalaureate diploma. Career and Technical Education (CTE) pathways include JROTC. The student’s prior school must verify that the student has met the requirements for the requested program of study (a sequence of classes) or core course needed for graduation purposes. Students must first enroll in the zoned school, and the principal must assure that the student has met the requirements for the requested core course or program of study, and that the requested core course or program of study is not available at the zoned school or via distance learning options such as online courses or video conferencing. The principal at the receiving school must also assure that the requested core course or program of study is available in his/her school and that there is space available.

f) An event or situation in which the superintendent, in consultation with the regional executive director and the Department of Student Relations, determines that a student’s transfer to another school is warranted.

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**Required Documents**
The following documents should be submitted with your transfer application. The person, with whom the student(s) lives must attach proof of residency, dated within the last thirty (30) days and must show parent/guardian legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. Please carefully read the scenarios listed below and provide the documentation that applies to your student’s living situation.

You may bring copies or can request copies be made at the time you submit your application.

**Possible Living Situation #1** - If you own and live in the resident property, you will need to provide:
1. Photo identification; 2. A deed or a Mortgage Statement in your name showing residence property address; AND 3. A current Georgia Power Bill in your name for the current month showing the residence property address;

**Possible Living Situation #2** - If you rent and live in the rental property, you will need to provide:
1. Photo identification; 2. Copy of the lease/rental agreement (or current HUD Certificate of Compliance/Annual Renew Notice); AND 3. A current Georgia Power Bill in your name for the current month showing the residence property address.

**Possible Living Situation #3** - If you are living at a property with the owner or being rented by another person, you will need to provide: 1. Photo identification; 2. A Deed, Mortgage Statement, or Lease/Rental Agreement (or current HUD Certificate of Compliance/Annual Renewal Notice) in the owner or primary renters name and showing residence property address; 3. Georgia Power Bill (current within the last 30 days); AND 4. One document in your name showing the residence property address.

*If the Lease/Rental Agreements requires all occupants to be listed, the names of the occupants must be listed on the Lease/ Rental Agreement.*
USE THIS AREA FOR ANY ADDITIONAL INFORMATION YOU WOULD LIKE FOR THE HARDSHIP COMMITTEE TO KNOW