

**REQUEST FOR AYP SCHOOL CHOICE TRANSFER
2011 - 2012**

ROCKMART MIDDLE SCHOOL

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

Student's grade level [2011-2012] _____ 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 the school listed below.

ATTENDANCE OPTIONS

**Test Score :Spring 2010 and 2011 GHSGT
Scores**
(% of 11th grade students passing)

	<u>Spring 2010</u>		<u>Spring 2011</u>	
	Eng/LA	Math	Eng/LA	Math
_____ Rockmart Middle School (current school)	90.4%	77.9%	90.2%	84.1%
_____ Cedartown Middle School 1664 Syble W. Brannan Pky. Cedartown, GA 30125	90.6%	81.2%	91.6%	85.6%

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:

Rockmart Middle School
Shannon Hulsey, Principal
60 Knox Mountain Road
Rockmart, Georgia 30153

PHONE: 770-757-1479 FAX: 678-757-9248

TRANSFER REQUESTS MUST BE RECEIVED NO LATER THAN AUGUST 20, 2011

Georgia Department of Education
Brad Bryant, State Superintendent of Schools
Revised July 2011
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F/R Status: _____ Achievement: _____ Approved for transfer: ____