

**Student Transfer Form for the 2024-2025 School Year**  
**Alabama Act 2023-418 – Priority Schools**

Student's Name: \_\_\_\_\_ SSID No.: \_\_\_\_\_

Name of School Student Attends for the Second Semester of the 2023-2024 School Year:

\_\_\_\_\_ State School Code No.: \_\_\_\_\_

Name of School Student is Assigned to Attend for the First Semester of the 2024-2025 School Year:

\_\_\_\_\_ State School Code No.: \_\_\_\_\_

**PLEASE BE AWARE THAT YOUR CHILD MAY REMAIN IN HIS/HER ASSIGNED SCHOOL. IF YOUR CHILD REMAINS IN THE SCHOOL FOR WHICH HE/SHE IS ASSIGNED OR ENROLLED, NO FURTHER ACTION IS REQUIRED BY YOU.**

As a parent or guardian of the above-named student who attends the second semester of a Priority School for the 2023-2024 school year, or who is assigned to attend a Priority School for the 2024-2025 school year, I hereby make the transfer decision indicated below:

- ☐ Option 2 – The student will transfer to an available school that is not included on the annual list of Priority Schools within the same local school system.

Name of School Student Will Attend for the 2024-2025 School Year:

\_\_\_\_\_ State School Code No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized School System Official Accepting Student      Date

- ☐ Option 3 – The student will transfer to an available school that is not included on the annual list of Priority Schools within another Alabama local school system. A school under Option 2 was not available for student transfer.

Name of School Student Will Attend for the 2024-2025 School Year:

\_\_\_\_\_ State School Code No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized School System Official Accepting Student      Date

- ☐ Option 4 – The student will transfer to a qualifying non-public Alabama school.

Name of School Student Will Attend for the 2024-2025 School Year:

\_\_\_\_\_ State School Code No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized School System Official Accepting Student      Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Best Telephone Number

**IMPORTANT:** Please retain this notice for preparation of your state income tax return. You will need to submit a copy of this completed form with your tax return to the Alabama Department of Revenue if you request a tax credit pursuant to Alabama Act No. 2015-434 and Alabama Act 2023-418.