

GEORGIA HIGH SCHOOL ASSOCIATION
151 SOUTH BETHEL STREET
THOMASTON, GEORGIA 30286
706-647-7473
Fax: 706-647-2638

Request to Transfer From a Region

School: _____

City: _____

_____ High School requests to transfer

(within the same classification) from Region _____ to Region _____

for the 2026-27 through 2027-28 school years.

The request to move from one region to another must be made over the signature of the school's administrative authorities, i.e., the Principal and Superintendent. A school requesting a move from one region to another must submit in writing the justification for the move. A school that changes region by application must remain in the region to which it transferred until schools are reclassified on a statewide basis.

A representative(s) from your school will be required to present the request for a lateral transfer to the Reclassification Committee at the GHSA Office on a date to be determined.

(Signature – Principal)

(Signature – Superintendent)

(Date)