

REQUEST FOR SCHOOL TRANSFER

Fax: (863) 534-7319

Attendance Month

1 2 3 4 5 6

(School Year)

1. Name of Student: _____
(Last) (First) (Middle) (I. D. Number) (Grade)
2. Student's Address: _____
(Do Not Use Routes or P. O. Box Numbers) (City)
3. Name of Parent: _____
4. Parent's Address: _____
(Phone Number)
5. Parent's Mailing Address: _____
(Zip Code)
6. School to Which Student is Zoned: _____
7. New School of Choice to Which Transfer is Requested: _____

REASON FOR REQUESTED CHANGE

Please Check Appropriate Reason:

- () Available Capacity
- () Medical Interrogatory (Special Form Required)
- () Course Availability (High School Only) _____
- () Employee at the School - Employee ID # _____
- () Change of Residence as of: _____
(Date of Change)
- () Other: _____

PLEASE NOTE:

1. FHSAA Bylaw 9.3.2 for - Athletic Eligibility.
2. Bus transportation is NOT provided for transferred students!
3. Approved transfers may be revoked if child has attendance or behavior problems at the approved school.
4. Transfer requests must be completed each school year.
5. Please allow 2-4 weeks for processing.

(Date)

(Signature of Parent)



RECEIVED

Proof of Residence Required

Please attach your 2 proofs to this form. (The proofs must be from different categories and show your name and physical address.)

- Category 1: Apartment or home lease agreement, mortgage document, or property tax record.
- Category 2: Current utility bill (electric, gas, phone, cable, water).
- Category 3: Voter registration document.
- Category 4: Proof of government benefits (disability, Medicare, food stamps, HRS correspondence).