



The School District of Escambia County

Office of School Choice

Phone: (850) 469-5580 | Fax: (850) 469-5611

REQUEST FOR STUDENT TRANSFER | School Year: 2018-2019

Please PRINT Clearly.

PARENT INFORMATION

Parent Name _____

Street Address Line 1 _____

Best Phone Number _____

Street Address Line 2 (optional) _____

Alternate Phone Number _____

City _____ State _____ ZIP Code _____

STUDENT INFORMATION

First Name _____ Last Name _____

Birthdate _____ Gender _____ Race _____ Grade _____

Current School _____

Residentially Zoned School _____

Requested School _____

REASON FOR TRANSFER REQUEST - Check ONE only, then attach relevant documentation as needed.

- Childcare (Grades K-8 only)--Attach letter from childcare provider, provider's proof of address, and letter from parent's employer.
- Sibling Support--Name (_____) and Student Number (_____) of sibling already at the desired school.
- Residential (Grades 9-12 only)--Attach proof of residence (of homeowner) and notarized letter from homeowner.
- District Employee--Attach a copy of employee badge.
- Completion of Level (For students wishing to remain enrolled until they complete the highest grade level at their current school.)
- Overcapacity to Undercapacity
- Safety--Attach verification/documentation from principal or law enforcement.
- Medical Need--Provide verification from principal or letter from physician.
- Guardianship/Foster Parents--Attach legal documents awarding guardianship.
- McKay Scholarship (For students with disabilities who have a current IEP or Section 504 Plan)
- Military Option--Attach copy of current active duty military orders.
- Academic/Career Academy (Grades 6-12 only)--(Deadlines may apply.)
Name of Course/Program: _____
- Elementary Choice Option (Grades K-5, First-time enrollees only)--(Deadlines may apply.)
Zoned School: _____ | Requested School: _____

HIGH SCHOOL ATHLETICS/EXTRA CURRICULAR ACTIVITIES

Did you participate in athletics at your previous school? Yes ____ | No ____ If "Yes", what is the last date of participation? _____
If "Yes", which sport(s)? _____

PARENT SIGNATURE

Proof of residence is required to process transfer requests. I understand that providing false information shall invalidate my child's permission to attend his/her non-districted school. An approved transfer request may be rescinded if a student does not maintain acceptable grades, attendance, and behavior, thus resulting in reassignment to the student's residentially-zoned school. **I understand that transportation to an approved school remains the responsibility of the parent/guardian.**

Parent Signature _____

Date _____

DO NOT WRITE BELOW. OFFICIAL USE ONLY.

STU #1 ID: _____ ABSENCES: _____ TARDIES: _____ DISCIPLINE: _____ GRADES: _____

OCTOBER | FEBRUARY

FTE: _____ EXCEPTIONALITY: _____ 504 PLAN DATE: _____

SIGNATURE | DATE | SIGNATURE | DATE | METHOD | DATE | ENTERED BY | DATE

APPROVED: _____ DENIED: _____ CONTACT: _____ FOCUS: _____