

ST. JOHNS COUNTY SCHOOL DISTRICT
REQUEST FOR HARDSHIP OUT OF ZONE TRANSFER
VALID FOR 2011-2012 SCHOOL YEAR ONLY

Check any
that may apply:

School Board Employee

Application Renewal

New Application

Student's Name _____ Sex: _____ Grade in 2011-12: _____
(Last) (First) (Middle)

Student Number _____ Student's Date of Birth _____

(Note: Your child's Student Number can be found on your child's report card, class schedule, or by calling your child's current school.)

Ethnicity _____ Hispanic/Latino _____ Non-Hispanic/Latino (Please also complete the "Race" selection below. Check all that apply.)

Race _____ White _____ Black/African American _____ Native Hawaiian or Other Pacific Islander _____ Asian _____ Amer. Indian/Alaska Native

Residence Address _____ City _____ Zip Code _____

Mailing Address, only if different than Residence Address _____

E-Mail Address _____ @ _____

Zoned School _____ Requested School _____ Current School _____

Parents/Legal Guardian Names _____

Telephone Numbers (H): _____ (W): _____ (C) _____

Is your child currently staffed in an Exceptional Education Program? _____ No _____ Yes Program _____

Does your child plan to participate in High School Athletics? _____ No _____ Yes

REASON FOR REQUEST: (MUST BE COMPLETED)

To help us make a decision, please provide complete information below.

BACK OF FORM MUST BE COMPLETED IF REQUEST IS DUE TO EMPLOYMENT AND CHILD CARE

I understand that if the Board approves the transfer request, I am responsible for providing transportation of my child to and from school. SJCS bus service cannot be utilized. If any attendance, tardiness, or discipline issues occur during the school year the transfer may be revoked. A transfer may be revoked if there is an attempt to utilize SJCS bus service. I agree to abide by the policies of St. Johns County School District. I testify that all of the information on this form is true and accurate. I understand that, if applicable, School Services will be calling my child care provider and/or place of employment for verification of my statements. I am prepared to provide additional notarized documents if requested. I understand that failure to comply with these conditions, or falsification of any portion of the application, will result in the denial or revocation of my request.

I HAVE READ THE ABOVE POLICY AND AGREE TO ADHERE TO THE TRANSFER POLICY.

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Return completed form to: School Services, 40 Orange Street, St. Augustine, FL 32084 (phone) 904-547-7583 (fax) 547-7695

STATEMENT OF CHILD CARE PROVIDER

(Name of Child Care Provider)

provides before and/or after school child care to _____
(All Children and Ages)

(All Children and Ages)

on a full time basis as of the date of my execution of this Affidavit.

Address of Child Care Provider

Telephone of Child Care Provider

Child Care Provide Signature

Date

STATEMENT OF EMPLOYMENT for Parent/Guardian

Company Name

Supervisor's Name

Address

City

State

Zip

Work Hours _____ Work Days _____ Telephone _____
(Start & End Time) (Monday - Friday)

Employer Signature

Date

STATEMENT OF EMPLOYMENT for Spouse

Company Name

Supervisor's Name

Address

City

State

Zip

Work Hours _____ Work Days _____ Telephone _____
(Start & End Time) (Monday - Friday)

Employer Signature

Date

FOR SCHOOL DISTRICT USE ONLY

VERIFIED: CHILD CARE EMPLOYMENT
COMMENTS _____

DISTRICT ADMINISTRATOR _____ DATE _____