

ST. JOHNS COUNTY SCHOOL DISTRICT  
REQUEST FOR OUT OF ZONE TRANSFER – WITHIN THE COUNTY  
**VALID FOR 2008-2009 SCHOOL YEAR ONLY**

**DEADLINE  
JULY 1, 2008**

**Check One:**     **Academy**     **Program of Study**     **Hardship**

Student's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Grade in 2008-09: \_\_\_\_\_  
(Last) (First) (Middle)

Racial Category:    \_\_\_ White    \_\_\_ Black    \_\_\_ Hispanic    \_\_\_ Multiracial    \_\_\_ Asian/Pacific Islander    \_\_\_ American Indian/Alaska Native

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Zoned School \_\_\_\_\_ Requested School \_\_\_\_\_ Current School \_\_\_\_\_

Parents/Legal Guardian Names: \_\_\_\_\_ Marital Status    (S)     (M)

Telephone Numbers (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C) \_\_\_\_\_

**Is your child currently staffed in an Exceptional Education Program?**    \_\_\_ No    \_\_\_ Yes  
**Program** \_\_\_\_\_

**Does your child participate in Varsity Athletics?**    \_\_\_ No    \_\_\_ Yes    **Sport(s)**  
\_\_\_\_\_

**REASON FOR REQUEST: (MUST BE COMPLETED)**

**Employment/Child Care (applicable for Grades K-5 only)**     **Other**

**Explain**

**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 the transportation of the student to and from school. If any attendance, tardiness or discipline problems occur during the school year the transfer may be revoked. I agree to abide by the policies of St. Johns County Public Schools. I testify that all of the information on this form and the documentation submitted with my request are true and accurate. I understand that failure to comply with these conditions, or falsification of any portion of the application may 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 CORRECT.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC \_\_\_\_\_

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION \_\_\_\_\_  
TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

**Return completed form to: Student Services, 40 Orange Street, St. Augustine, FL 32084 904-819-7598**

