

ST. JOHNS COUNTY SCHOOL DISTRICT  
REQUEST FOR HARDSHIP OUT OF ZONE TRANSFER  
**VALID FOR 2016-2017 SCHOOL YEAR ONLY**

Check any that may apply:  School Board Employee  Application Renewal  First Time Application

**ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.**

Student's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Grade in 2016-17: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Date of Birth \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Race:  White  Black/African Amer.  Native Hawaiian/Other Pacific Islander  Asian  Amer.Indian/Alaska Native

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long at This 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.**

**If you are a St. Johns County SCHOOL DISTRICT employee who resides outside of St. Johns County, and are applying under the provision approved by our School Board, you MUST request a release from your home county's school district, prior to submitting this application. By signing below, you attest that you have requested this release from your home county's school district.**

**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 Provider Signature

\_\_\_\_\_  
Date

**STATEMENT OF EMPLOYMENT for Parent/Guardian**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Work Hours \_\_\_\_\_  
(Start & End Time)

Work Days \_\_\_\_\_  
(Monday - Friday)

Telephone \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**STATEMENT OF EMPLOYMENT for Spouse**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Work Hours \_\_\_\_\_  
(Start & End Time)

Work Days \_\_\_\_\_  
(Monday - Friday)

Telephone \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Grandfathered Conditions:** An Out of Zone Hardship Waiver Application is required from all parents requesting a "grandfathered" condition for students in fifth, eighth, or twelfth grades. Transportation is not provided by the School District for these or any out of zone hardship transfers.

**FOR SCHOOL DISTRICT USE ONLY**

VERIFIED: CHILD CARE  EMPLOYMENT    
COMMENTS \_\_\_\_\_

DISTRICT ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_