## ST. JOHNS COUNTY SCHOOL DISTRICT DISTRICT EMPLOYEE TRANSFER APPLICATION VALID FOR 2017-2018 SCHOOL YEAR ONLY

Check one: Application Renewal	First Time Application
ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.	
Student's Name (Last) (First)	Sex: Grade in 2017-2018:
Student's Date of Birth Ethnicity:	Hispanic/Latino Non-Hispanic/Latino
Race: White Black/African Amer. Native Hawaiian/Other Pacific Isl. Asian Amer-Indian/Alaskan	
Residence Address	City Zip Code
E-Mail Address	@
Zoned School Requested School	Current School
Name of Parent who is the SJCSD Employee:	
Telephone Numbers (W):	(C)
SCHOOL/FACILITY IN WHICH YOU WORK	
I understand that if the Committee approves the transfer request, I am responsible for providing transportation of my child to and from school. SJCSD 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 SJCSD 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 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 STUDENT TRANSFER PROVISION FOR SCHOOL BOARD EMPLOYEES.  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 S	Street, St. Augustine, FL 32084 (phone) 904-547-7583 (fax) 547-7695 1.6.2017