

**ST. JOHNS COUNTY SCHOOL DISTRICT  
FIRST-TIME HARDSHIP OUT OF ZONE TRANSFER  
VALID FOR 2017-2018 SCHOOL YEAR ONLY  
ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.**

Student's Name \_\_\_\_\_ Sex: \_\_\_\_\_ Grade in 2017-18: \_\_\_\_\_  
(Last) (First)

Student's Date of Birth \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino  
Race:  White  Black/African Amer.  Native Hawaiian/Other Pacific Islander  Asian  Amer. Indian/Alaskan

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 (W): \_\_\_\_\_ (C) \_\_\_\_\_

Is your child currently staffed in an Exceptional Education Program? \_\_\_ No \_\_\_ Yes  
If "Yes", Which 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 Committee approves the transfer request, I am responsible for providing transportation of my child to and from school. SJCS D 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 D 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 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 or (fax) 547-7695

**STATEMENT OF CHILD CARE PROVIDER**

(Name of Child Care Provider) \_\_\_\_\_ provide  
before  and/or after  school child care to my children (provide names 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.