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 _____ Sex: _____ Grade in 2017-2018: _____
(Last) (First)

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 Street, St. Augustine, FL 32084 (phone) 904-547-7583 (fax) 547-7695

1.6.2017