

**ST. JOHNS COUNTY SCHOOL DISTRICT
RENEWAL OF HARDSHIP OUT OF ZONE TRANSFER AT CURRENT SCHOOL
VALID FOR 2018-2019 SCHOOL YEAR ONLY**

ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.

Student's Name _____ Sex: _____ Grade in 2018-2019: _____
(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 _____

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

Have there been any significant changes to the hardship reason you provided last year? ___ No ___ Yes

To help us make a decision, please provide your original reason 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 _____ Work Days _____ Telephone _____
(Start & End Time) (Monday - Friday)

Employer Signature

Date

STATEMENT OF EMPLOYMENT for Spouse

Company Name

Supervisor's Name

Address _____ City _____ State _____ Zip _____
Work Hours _____ Work Days _____ Telephone _____
(Start & End Time) (Monday - Friday)

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.