

**ST. JOHNS COUNTY SCHOOL DISTRICT
FIRST-TIME HARDSHIP OUT OF ZONE TRANSFER
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 _____
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 _____ 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.