

**ST. JOHNS COUNTY SCHOOL DISTRICT
HARDSHIP OUT OF ZONE TRANSFER
VALID FOR 2019-2020 SCHOOL YEAR ONLY**

ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.

Student's Name _____ Sex: _____ Grade in 2019-2020: _____
(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

Is your child currently attending school on a past approved Hardship Out of Zone Transfer ___ 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.