

Family Empowerment Unique Abilities  
Public School Choice Form 2024-2025

\*Please fill out the information below and email or fax:

[darlene.delaney@stjohns.k12.fl.us](mailto:darlene.delaney@stjohns.k12.fl.us) 904-547-6074

Student's Last Name:	
Student's First and Middle Name:	Student ID:
Parent Name (Last, First):	Grade for 2024-2025:
Parent Email Address:	
Student's DOB:	
Residence County:	
Enter your child's <b>zoned school</b> for 2024-2025. (If you are unsure of your zoned school, please visit <a href="#">Attendance Zone Locator 2024-2025</a> ):	
Enter your child's <b>requested school</b> :	
Current Mailing Address:	
City, Zip:	
Phone Number:	
Number of siblings in the school district who you will be requesting a hardship waiver to attend the same school (Note: hardships are not guaranteed and are only approved for one year):	
Reason for FES Public School Transfer Request:	
How would you like to receive a response? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Both	

**Submission of this form does not guarantee your student's eligibility for transfer**

Public school requests are accepted based on the following timelines:

For Semester 1 transfer requests – applications must be received by **August 1**

For Semester 2 transfer requests – applications must be received by **December 1**