

Family Empowerment Unique Abilities  
Public School Choice Form 2025 - 2026

Please fill out the information below and email:

[darlene.delaney@stjohns.k12.fl.us](mailto:darlene.delaney@stjohns.k12.fl.us)

Student's Last Name:	
Student's First and Middle Name:	Student ID:
Parent Name (Last, First):	Grade for 2025 - 2026:
Parent Email Address:	
Student's DOB:	
Residence County:	
Enter your child's <b>zoned school</b> for 2025 - 2026. (If you are unsure of your zoned school, please visit <a href="#">Attendance Zone Locator</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:	
*Please note that you will only receive a response via email.	

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

**Public school transfer requests are accepted according to the following deadlines:**

**For Semester 1 transfers: Applications must be received by August 1.**

**For Semester 2 transfers: Applications must be received by December 1.**