

**ST. JOHNS COUNTY SCHOOL DISTRICT
DISTRICT EMPLOYEE TRANSFER APPLICATION
VALID FOR 2020-2021 SCHOOL YEAR ONLY**

Check one: **Application Renewal** **First Time Application**

ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.

Student's Name _____ Sex: _____ Grade in 2020-2021: _____
(Last) (First)

Student's Date of Birth _____ Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: White Black/African Amer. Native Hawaiian/Other Pacific Isl. Asian Amer-Indian/Alaskan

Residence Address _____ City _____ Zip Code _____

E-Mail Address _____ @ _____

Zoned School _____ Requested School _____ Current School _____

Name of Parent who is the SJCS D Employee: _____

Telephone Numbers (W): _____ (C) _____

SCHOOL/FACILITY IN WHICH YOU WORK _____

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 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 STUDENT TRANSFER PROVISION FOR SCHOOL BOARD EMPLOYEES.

I DO SOLEMNLY SWEAR (OR AFFIRM) 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 (fax) 547-7695

1.14.2020