

SCHOOL BOARD OF BRADFORD COUNTY, FL Out-of-Zone School Attendance Request

FROM - _____ COUNTY - TO - BRADFORD COUNTY * 20_____ - 20_____ SY

More than one child from the same family may be listed. **You must complete a new form each school year.**

PRINT CHILDREN'S FULL NAME(S)	BIRTHDATE	GRADE FOR SY ABOVE	SCHOOL ATTENDED LAST SCHOOL YEAR

PERSONAL INFORMATION:

PARENT/GUARDIAN'S NAME			
MAILING ADDRESS			
CITY & ZIP			
DIRECTIONS TO HOME			
E-MAIL ADDRESS			
Home Phone:	Work:	Cell:	
SCHOOL requesting transfer to?			
Reason for transfer?			

Is transportation to/from the out-of-zone school being provided by you? _____ If not, how will the student get to/from the out-of-zone school? _____

- Although parents should provide transportation for out-of-zone students, exception may be possible in certain cases.
- With permission, out-of-zone students may ride a Bradford County school bus if the student utilizes a designated, board approved bus stop and if the bus is not overcrowded. Contact Transportation at 904.966.6735.
- **A letter of release or signed out-of-zone form from the county of residence is necessary before enrolling an out-of-county student into a Bradford County school.** Parents may be requested to provide proof of residence such as a voter registration card, utility bill, rental receipt, or other appropriate documentation. Students attending out-of-zone schools must follow the guidelines listed on the back of this form, for behavior, grades, punctuality, and attendance, as well as board policy.
- Please sign below to indicate that you understand that granting this request is a privilege. This privilege may be rescinded if guidelines above are not followed. **PRINCIPAL MUST SIGN TO APPROVE ACCEPTANCE.**

Parent signature: _____ Date: _____

PRINCIPAL: Has student attended this school in the past? _____ Do you accept this student this year? ____ APPROVED ____ DENIED	_____ Principal's Signature
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FORWARD TO ASSISTANT SUPERINTENDENT FOR REVIEW -

RETURN FORM FOR REVIEW TO: Lisa Prevatt, Assistant Superintendent School Board of Bradford County 501 West Washington Street Starke FL 32091 FAX: 904.966.6826 / PH. 904.966.6032	_____ APPROVED _____ DENIED Date: _____ Signature: _____ of Assistant Superintendent/Designee
COMMENTS: _____	

AFTER REVIEW BY SCHOOL BOARD OF BRADFORD COUNTY, FAXED TO LEAVING SCHOOL/DISTRICT:

_____ / _____ DATE: _____ BY: Patti Priest
 PHONE: 904.966.6010 – priest_p@firn.edu Parent notified of approval via: _____ e-mail _____ phone

FAX serves as official notice of acceptance of above student(s). No other formal letter will be sent.