SCHOOL BOARD OF BRADFORD COUNTY, FL

Out-of-Zone School Attendance Request ** **WITHIN BRADFORD COUNTY** **

***FROM* -** _____ SCHOOL ***TO* -** _____ SCHOOL

More than one child from the same family may be listed. What school year? 20_____ -- 20_____

	FULL NAME	BIRTHDATE	GRADE	SCHOOL ZONED FOR
1.				
2.				
3.				
4.				

Parent's/Guardian's Name: _____

Mailing address: _____ City: _____

Zip: _____ E-Mail:_____

Directions to Home: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School you are 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.
- 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 This privilege may be rescinded if guidelines above are not followed. **This form is for the current school year. A new form must be completed each school year.**

Parent signature: _____ Date: _____

RELEASING School Principal's Signature:_____ Date:_____

_____APPROVED _____ DENIED - COMMENTS:_____

RECEIVING School Principal's Signature: _____ Date: _____

_____APPROVED _____ DENIED - COMMENTS:_____

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: _____
_____

FAXED TO *RELEASING* & *RECEIVING* SCHOOL: #_____/_____

DATE: _____ **BY:** _____ **PHONE: 904.966.6010**

OOZ00010 Revised 9/09

Patti Priest - priest_p@firn.edu

SEE GUIDELINES ON BACK