

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

**FROM - BRADFORD COUNTY TO - \_\_\_\_\_ COUNTY**

More than one child from the same family may be listed. What school year? **20** \_\_\_\_\_ - **20** \_\_\_\_\_  
**You must complete a new form each school year.**

PRINT CHILDREN'S FULL NAME(S)	BIRTHDATE	GRADE FOR SY ABOVE	BRADFORD SCHOOL ZONED FOR OR ATTENDED

**PERSONAL INFORMATION:**

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

Please sign below to indicate that you understand that granting this request is a privilege. The receiving county may rescind the agreement if the student fails to follow acceptable guidelines for behavior, grades, and attendance. This form is for the **school year indicated at the top**. **A new form must be completed each school year.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 RECEIVING SCHOOL/DISTRICT: # \_\_\_\_\_ / \_\_\_\_\_

DATE: \_\_\_\_\_ BY: Patti Priest PHONE: 904.966.6010

priest\_p@firn.edu

Parent notified of approval via: \_\_\_ e-mail \_\_\_ phone

**Receipt of Reviewed FAXed form serves as official notice of release/receipt of above noted student(s). No other formal letter will be sent. RENEW ANNUALLY.**