



### Request for Student Transfer—In County *Instructions*

1. Students may be reassigned to a school outside of their residential zone with the approval of the Santa Rosa County School Board. The **Request for Student Transfer—In County** form must be completed by a custodial parent or court-awarded guardian. A separate form must be completed for each child requesting a transfer.
  - a. The request for a transfer is initiated at the school in the attendance zone where the parent/guardian resides. The school will have the Request for Student Transfer-In County form available. This form is also available on the district's web page, <https://www.santarosa.k12.fl.us/schoolchoice/> in the Operational Documents section.
  - b. The losing school will route the form to the receiving school for the principal's signature and then forward the form to the grade level director for review. The parent may opt to obtain the signature of both principals and deliver the request to the grade level director.
  - c. The request for transfer period each year is from **May 15<sup>th</sup> to June 15<sup>th</sup>**. Requests submitted after the transfer period may be held by the principal of the receiving school until enrollment numbers can be evaluated for the upcoming school year. In this case, the principal will forward the form to the district grade level director after indicating on the form whether he/she approves the request. Otherwise, the parent/guardian is responsible for submitting the form to the district grade level director at the School Board Office at 5086 Canal Street, Milton, Florida, after obtaining the signature of each principal. The request will be presented to the Santa Rosa County School Board for action. The parent/guardian will be notified of the School Board's decision.
2. Transfers are considered individually and approved granted on space availability and in accordance with the Student Progression Plan sections 4.110, 5.109 or 6.112. A transfer is not a matter of right, and is granted at the discretion of the School Board. If the recommendation to the School Board is to deny the request for the transfer, the parent may address the School Board.
3. The Santa Rosa County School District is NOT responsible for the transportation of students whose request for transfer has been approved.
4. An approved transfer request shall be for the duration of that child's completion of the highest grade at the school to which the child has been reassigned.
5. A new request must be submitted when the student progresses from elementary school to middle school or from middle school to high school. Transfers do not follow the student from elementary to middle school or from middle school to high school.
6. The eligibility of high school students to participate in interscholastic athletics may be affected under the regulations of the Florida High School Activities Association. Procedures for athletic eligibility will be initiated by the school to which the student is assigned, if applicable.
7. A parent/guardian who wants a reassigned student to return to the school of his/her attendance zone, must complete the Request for Student Transfer-In County form for approval by the School Board prior to the student re-enrolling in the school of his/her attendance zone.
8. Any parent/guardian requesting a second transfer within the same school year in which the initial transfer was processed will be required to prove that the denial of the request would cause great personal hardship.
9. No request for transfer will be processed for a student for whom disciplinary action is pending.
10. As determined by the principal of the receiving school, a transfer student who does not conform to the policies, rules, and regulations of the school to which the transfer was made, or if the lack of student/ parental support develops or becomes a problem, the receiving school may choose to have the student administratively withdrawn and reassigned to the school in their attendance zone.
11. If a transfer is approved where an extracurricular program\* exists in a school that is not available in the school in which the student resides, the student must continue participating in the extracurricular program or return to the home school. (\*A program is a continuum of courses over multiple years.)



## REQUEST FOR STUDENT TRANSFER — IN COUNTY

Read the preceding page, "Request for Student Transfer—In County Instructions" carefully before completing this application.  
A Request for Student Transfer — In County MUST be submitted separately for **EACH** child.

### Student Information

Student's Full Name: \_\_\_\_\_

Grade Level for School Requested: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Is this student in Exceptional Education (ESE)? ☐ Yes ☐ No School In Residence Zone: \_\_\_\_\_

School Requested: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_

### Parent/Guardian Information

Name of Parent/Guardian With Whom Student Resides: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Cell/Work Telephone: \_\_\_\_\_

### Reason for Request

- ☐ **Court Order** – Attach a copy of official court documentation.
- ☐ **District Employee** – Attach a letter of employment verification from Principal.
- ☐ **Medical Need** – Attach supporting documentation from diagnosing Physician.
- ☐ **Military Preference** – Attach a copy of most recent orders.
- ☐ My child currently attends the requested school but we have moved into another school zone. I would like for him/her to complete the school year at this school.
- ☐ The following program/extracurricular program (a continuum of courses over multiple years) exists in the requested school and is not available in the school in my residence zone: Program: \_\_\_\_\_ I am aware that if the transfer is granted based on this program request, my child must continue in the program or return to the residence zoned school.
- ☐ NONE OF THE ABOVE — Attach a detailed letter explaining the reason/s for request.

I understand that providing false information shall invalidate a Request for Student Transfer that has been approved by the Santa Rosa County School Board. The voluntary transfer of a student from one school to another may be rescinded if the student's attendance, tardiness, or behavior becomes a problem. It may also be cancelled if the lack of student/parental support develops or becomes a problem at the receiving school. In any such cases, the student will be returned to the residence-zoned school. I declare that to the best of my knowledge all the information included in this transfer request is true and correct. I further give permission for any and all records, including disciplinary, on the above named student to be released to appropriate personnel of the school to which I am requesting a transfer.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Transportation is not provided if Request for Student Transfer — In County is approved.**



### To Be Completed by Principal of Losing School

Does this student participate in extracurricular activity? ☐ Yes ☐ No Activity: \_\_\_\_\_  
Is disciplinary action concerning this student pending? ☐ Yes ☐ No  
Have you discussed this request with the parent/guardian? ☐ Yes ☐ No

Do you recommend this request? ☐ Yes ☐ No If "NO" you must have discussed this request with the parent/guardian. Give reason/s for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following forms have been attached for review by the receiving school:

☐ 1D Screen – Grades ☐ DA Screen – Discipline ☐ AG Screen – Attendance ☐ ED Screen – ESE

\_\_\_\_\_  
Signature of Losing School Principal

\_\_\_\_\_  
Date

### To Be Completed by Principal of Receiving School

Is space available for this student? ☐ Yes ☐ No Class Size: \_\_\_\_\_ Physical Space: \_\_\_\_\_  
Are the appropriate programs available for this student? ☐ Yes ☐ No ESE: \_\_\_\_\_  
Have you reviewed this request including the attached student records? ☐ Yes ☐ No  
Have you discussed this request with the parent/guardian? ☐ Yes ☐ No

Do you recommend this request? ☐ Yes ☐ No If "NO" you must have discussed this request with the parent/guardian. Give reason/s for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Receiving School Principal

\_\_\_\_\_  
Date

**ESE Reassignment Recommendation:** IEP ☐ Yes ☐ No McKay Scholarship ☐ Yes ☐ No

### TO BE COMPLETED BY SUPERINTENDENT OR DESIGNEE

**Board Stamp of Approval Below**

Temporary approval granted pending School Board action: ☐ Yes ☐ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

School Board Decision: ☐ Approved ☐ Denied

Date School Board Approved/Denied Request: \_\_\_\_\_

Date Parent Notified: \_\_\_\_\_