



Request for Student Transfer Instructions – All Students

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** 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 by completing this form. All schools will have the Request for Student Transfer form available and the form is also available on the district's web page, <https://sites.santarosa.k12.fl.us/SchoolChoice/default.html>
 - b. The request for transfer period each year is from **April 1st to May 1st**. The district grade level director will notify custodial parent or guardian of a decision for the upcoming semester by **June 1st**. 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. The request will be presented to the Santa Rosa County School Board for action.
 - c. All requests not granted as an In-County transfer will be considered based on criteria found in the Controlled Open Enrollment Plan section of the School Choice Plan. <https://www.santarosa.k12.fl.us/opdocs/>.

Requests for transfers under the Controlled Open Enrollment Plan are based solely on available space based on capacity of the requested school. The district will publish each school's capacity on its website. <https://www.santarosa.k12.fl.us/opdocs/>. If the number of transfer requests is greater than existing capacity at a requested school, a lottery will be conducted from all requests submitted after the In-County Reassignments, Court Orders, and Military Preference have been decided. These determinations will be made no later than **June 15th**.
2. Transfers are considered individually and approved granted on space availability and in accordance with the Student Progression Plan sections 4.111, 5.109 or 6.112, and the Santa Rosa County School Choice Plan. 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 primary school to intermediate school, elementary school or intermediate school to middle school, or from middle school to high school.
6. The eligibility of high school students to participate in interscholastic athletics is controlled by 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. No request for transfer will be processed for a student for whom disciplinary action is pending.



REQUEST FOR STUDENT TRANSFER — IN COUNTY

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

Student Information

Student's Full Name: _____

Grade Level for School Requested: _____ Present Grade: _____ Age: _____ DOB: _____

Is this student in Exceptional Student Education (ESE)? ☐ Yes ☐ No

County of residence*: _____

*Non-residents of Santa Rosa County may only request a transfer through the Controlled Open Enrollment Plan

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

In-County residents

- ☐ **Medical Need** – Attach supporting documentation from diagnosing Physician.
- ☐ 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. (May be considered at any time during the current school year)
- ☐ The following academic/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: _____

All Applicants

- ☐ **Court Order** – Attach a copy of official court documentation.
- ☐ **Military Preference** – Attach a copy of most recent orders.

Out-of-County residents or In-County residents not meeting other criteria for reassignment

☐ Controlled Open Enrollment

I understand that providing false information shall invalidate a Request for Student Transfer that has been approved by the Santa Rosa County School Board.

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.

Parent/Guardian Signature

Date



This Page For District Office Use Only

Date Transfer Request Received: ____/____/____

Received by: _____

Transfer Request Details

Enrollment Capacity for School Requested: _____ Projected/Current Enrollment of School Requested: _____

School: ☐ Open ☐ Closed

Entered in Controlled Open Enrollment Lottery: ☐ Yes ☐ No

Success in Lottery: ☐ Yes ☐ No

DECISION

In-County Requests

- ☐ Meets In-County Criteria, Request **Approved**
- ☐ In-County request **Denied**, but will be considered under the Controlled Open Enrollment Plan
- ☐ Court Order, Request, **Approved**
- ☐ Court Order, Request **Denied** (supporting paperwork missing) but will be considered under the Controlled Open Enrollment Plan
- ☐ Military Preference **Approved**
- ☐ Military Preference **Denied** (supporting orders missing or not active duty) but will be considered under the Controlled Open Enrollment Plan

Controlled Open Enrollment Requests

- ☐ Request **Approved**, requested school has capacity, no lottery necessary.
- ☐ Request **Approved** per lottery selection, requested school has capacity.
- ☐ Request **Denied**, requested school **does not** have capacity.
- ☐ Request **Denied**, because student not selected through Controlled Open Enrollment Lottery.

Parent/Guardian has been notified of this decision? ☐ Yes ☐ No Date of Notification: ____/____/____

Notification Method: ☐ Letter ☐ Phone

Signature of Grade Level Director

Date