

<b>For Official Use Only</b>	Zoned School: _____	School Year: _____
	Receiving School: _____	School ID #: _____

### Gadsden County Schools - Student Transfer Request

A separate form is required for each student requesting to attend a school outside the student's designated attendance zone. Parents/guardians are encouraged to visit their school of choice and examine all areas of the curriculum and programs prior to completing this form. Return completed form(s) to the principal of the home school.

<p style="text-align: center;"><b><u>Part 1: Family Information</u></b></p> <p>Student's Name: _____ Grade: _____</p> <p>Date of Birth: ____/____/____ Zoned School: _____</p> <p>Parent/Guardian Name: _____ (Please Print)</p> <p>Address: _____ Apt #: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____ Work Phone: _____</p>	<p style="text-align: center;"><b><u>Part 2: Type of Transfer Request</u></b></p> <p><input type="checkbox"/> <b>Out of District: (Complete Part 3, 6, 7A)</b></p> <p><input type="checkbox"/> <b>Out of Zone: (Complete Part 4, 5A &amp; 6, 7A, 7B)</b></p> <p><b>Note:</b> Please state in detail any additional information that you feel will help justify your request in part 6.</p>
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<p style="text-align: center;"><b><u>Part 3: Out-of-District Request Only</u></b></p> <p><b>District Requested:</b> _____</p> <p><b>School Requested:</b> _____</p>	<p style="text-align: center;"><b><u>Part 4: Out-of-Zone Request Only</u></b></p> <p><b>School Requested:</b> _____</p> <p><b>Note:</b> Parent is responsible for transportation.</p>
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<p><b><u>5A Part: Reasons for Request</u></b></p> <p><b>Special Programs</b></p> <p><input type="checkbox"/> International Baccalaureate Program</p> <p><input type="checkbox"/> Magnet School</p> <p><input type="checkbox"/> McKay Scholarship</p> <p><input type="checkbox"/> Home Education</p> <p><input type="checkbox"/> Florida Virtual School</p> <p><input type="checkbox"/> Private School</p> <p><input type="checkbox"/> Others</p>
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<p><b><u>Part 6: State in detail your reason(s) for requesting a student transfer:</u></b></p>       
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_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>
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<p><b><u>Signature Required</u></b></p> <p><b>(7A-7A) Zone School:</b> Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Principal's Signature _____ Date _____</p> <p>Reason for Denial: _____</p> <p><b>(7B) Requested School:</b> Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Principal's Signature _____ Date _____</p> <p>Reason for Denial: _____</p> <p><b>District:</b> Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Superintendent's Signature _____ Date: _____</p> <p>Reason for Denial: _____</p> <p><b>School Board:</b> Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____</p>
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