



# THE SCHOOL BOARD OF GADSDEN COUNTY

35 Martin Luther King, Jr. Blvd  
 Quincy, Florida 32351  
 Main: (850) 627-9651 or Fax: (850) 627-2760  
 www.gcps.k12.fl.us

**Roger P. Milton**  
 Superintendent  
 miltonr@gcpsmail.com

*“Putting Children First”*

For Official Use Only:	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.

<u>Part 1: Family Information</u>	<u>Part 2: Type of Transfer Request</u>
Student’s Name: _____ Grade: _____	<input type="checkbox"/> <b>Out of District</b> (Complete Part 3, 6, 7A) <input type="checkbox"/> <b>Out of Zone:</b> (Complete Part 4, 5A, & 6, 7A 7B)  Note: Gadsden County School District allows parents from any school district in the state, whose child is not subject to a current expulsion or suspension, to enroll his or her child in and transport his or her child to any public school in the district, including charter schools, that have not reached capacity subject to the maximum class size pursuant to Florida Statutes and the Controlled Open Enrollment Plan adopted by the School Board.
Date of Birth: ____/____/____ Zoned School: _____	
Parent/Guardian Name: _____ (Please Print)	
Address: _____ Apt #: _____	
City: _____ State: _____ Zip: _____	
Home Phone: _____ Work Phone: _____	

<u>Part 3: Out-of-District Request Only</u>	<u>Part 3: Out-of-Zone Request Only</u>
District Requested: _____	School Requested: _____
School Requested: _____	Note: Parent is responsible for transportation.

<u>5A Part: Reasons for Request</u>
<u>Special Programs</u> <input type="checkbox"/> Magnet School <input type="checkbox"/> McKay Scholarship <input type="checkbox"/> Home Education <input type="checkbox"/> Florida Virtual School <input type="checkbox"/> Private School <input type="checkbox"/> Others

**Part 6: State in detail your reason(s) for requesting a student transfer:**

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\_\_\_\_\_  
 Parent/Guardian Signature Date

<b>(7A-7A) Zone School: Request Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Signature Required</u> <b>Principal’s Signature</b> _____ <b>Date</b> _____
<b>Reason for Denial</b> _____	
<b>(7B) Requested School: Request Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Principal’s Signature</b> _____ <b>Date</b> _____
<b>Reason for Denial</b> _____	
<b>District: Request Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Superintendent’s Signature</b> _____ <b>Date</b> _____
<b>Reason for Denial</b> _____	
<b>School Board: Request Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Date</b> _____	

Revised 11/17

Audrey Lewis  
 DISTRICT NO. 1  
 HAVANA, FL 32333  
 MIDWAY, FL 32343

Steve Scott  
 DISTRICT NO. 2  
 QUINCY, FL 32351  
 HAVANA, FL 32333

Isaac Simmons, Jr.  
 DISTRICT NO. 3  
 CHATTAHOOCHEE, FL 32324  
 GREENSBORO, FL 32330

Charlie D. Frost  
 DISTRICT NO. 4  
 GRETNA, FL 32332  
 QUINCY, FL 32352

Tyrone D. Smith  
 DISTRICT NO. 5  
 QUINCY, FL 32351