



THE SCHOOL BOARD OF HARDEE COUNTY

Bob Shayman, Superintendent

P. O. Box 1678 – 1009 North 6th Avenue • Wauchula, FL 33873
(863) 773-9058 • FAX (863) 773-0069

2020-2021 OUT OF COUNTY ENROLLMENT APPLICATION

*If approved, I understand that student transportation is my family's responsibility.
I also understand that poor attendance, tardiness or unacceptable behavior will revoke this application.*

- School Board
- District 1
Paul Samuels
- District 2
Mildred Smith
- District 3
Teresa Crawford
- District 4
Garry McWhorter
- District 5
Mark Gilliard

Parent/Guardian Name: _____ Date: _____

Physical Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Primary or Cell Phone Number: _____ Alternate Number: _____

We currently live in: (___ DeSoto) (___ Polk) (___ Highlands) (___ Manatee) or, (_____ Other)

I would like my child to attend: ___ Bowling Green Elementary ___ Zolfo Springs Elementary
 ___ Hilltop Elementary ___ Hardee Junior High
 ___ North Wauchula Elementary ___ Hardee Senior High
 ___ Wauchula Elementary

Student Name(s):	DOB	2020-2021 Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am requesting this change because:

1. Dependent child of active military;
2. Relocated due to foster care placement;
3. Court-ordered change of custody due to separation or divorce or the serious illness or death of a custodial parent;
4. Siblings living in the same residence as already approved students;
5. HCSB Employee;
6. Other:

LEGAL NOTICE: FL. S. 837.06 FALSE OFFICIAL STATEMENTS... WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERSONS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775-084.

Parent / Guardian's Signature: _____

Please Return to: Teresa Hall, Hardee County Schools
230 S. Florida Avenue Wauchula, FL 33873
Phone: 863-767-0662

(FOR OFFICE USE ONLY)

Date Approved _____ Date Denied _____

Date Notified by Phone: _____ Date Mailed _____

Receiving Principal: YES ___ NO ___ _____

Superintendent or Coordinator

HSB0112

DISTRICT VISION STATEMENT

“Building learning partnerships with home, school and community to ensure personal academic excellence.”