

**SUWANNEE COUNTY SCHOOLS
ANNUAL REQUEST FOR ATTENDANCE ZONE REASSIGNMENT**

PARENT NAME _____

INITIAL REQUEST _____

ADDRESS _____

RENEWAL REQUEST _____

PHONE _____

I, _____, am the parent and/or legal guardian of the below listed student(s). I am a resident of _____ County. I am requesting my child/children be reassigned from _____ School to attend school at _____ School for the _____ - _____ school year.

I understand and agree that if my child/children are approved to attend _____ School that I must provide transportation to school or the point of pickup by the Branford/Live Oak School bus (providing space is available on this bus).

Out-of-zone reassignment requests are approved on a yearly basis and must have approval from the school board annually.

I am requesting this transfer for the following reason(s): _____

Transfer reasons might include: (1) Different curriculum opportunities (2) Sibling placement in the same school (3) Transportation advantages (4) Parent employment (5) Day-care provisions (6) Other

NO REQUEST will be considered for athletic reasons as this may result in student ineligibility and school sanctions by FHSAA.

<u>Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize placement of student(s) name and requested transfer or change in enrollment status on the Suwannee County School agenda for appropriate action.

Signature of Parent of Guardian

Date

TENTATIVELY APPROVED BY:

Superintendent of Schools

Date

If denied, you may appeal describing the severe hardship situation by attaching a written response to the denial notice, following the review you will be contacted.

7200-102 (NEW 06/24/08)

Please Mail To: Suwannee County School District
702 2nd Street, NW
Live Oak, FL 32064
Phone: 386-647-4600
Fax: 386-364-2635