Controlled Open Enrollment Transfer Request

TO: Superintendent of Schools
District School Board of Madison County
210 NE Duval Avenue
Madison, FL 32340

Phone: (850) 973-5022
Fax: (850) 973-5027

Applications for the upcoming school term are accepted beginning March 1st and must be received prior to the close of business (4:00 p.m.) on the last day of the current school year. (MCSB Policy 5121)

Applications for the school year currently in progress shall be processed only for conditions which likely will enhance a student's academic achievement or to satisfy a legal requirement but not for schools that are at or over capacity.

Student Name	Current Age	Current Grade	Current Zoned School	1st Choice Of Schools	Alternate Choice Of Schools

Please check if student meets any of the following qualifications (Documentation is required):

☐ Dependent child of active duty military personnel whose move resulted from military orders;
☐ Relocated due to foster care placement in a different school zone;
☐ Moved due to a court-ordered change in custody due to separation or divorce or serious illness or death of a custodial parent

Reason for Request:
_____
_____
_____

Please note that transportation WILL NOT BE PROVIDED by the district.

Parent/Guardian_____ Signature:_____
Mailing Address:_____ City, State, ZIP_____
Phone:_____ Date:_____

For School District Use Only

Approved ■ Denied ■

_____ _____
Dr. Karen Pickles Date
Superintendent of Schools