

**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:

Assistant Superintendent of Administration _____ 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
1740 Ohio Avenue South
Live Oak, FL 32064
Phone: 386-647-4600
Fax: 386-364-2635