

**SUWANNEE COUNTY SCHOOLS
ANNUAL REQUEST FOR OUT-OF-COUNTY ATTENDANCE**

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 released from _____ County to attend school in _____ County for the _____ - _____ school year.

Students attending Suwannee County Schools from other counties must apply annually. Out-of-County requests are approved on a yearly basis and must have approval from the school board of both counties.

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.