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	Age	Grade	Current School	1 st 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 trans	nortation WILL	NOT BE DROV	IDFD by the	dictrict
ricase note that trans	portation will	NOT DE LINOV	IDED by the	

Parent/Guardian Mailing Address: Phone:	Signature: City, State, ZIP Date:
For School	ol District Use Only
Lottery Number(s) Assigned:	Date Lottery Held:
Approved Denied	
 Shirley Joseph	Date

Superintendent of Schools