



**BRADFORD COUNTY SCHOOL DISTRICT**      \_\_\_\_ - \_\_\_\_ SY  
**Out-of-Zone School Attendance Request - Within Bradford County**

**FROM-** \_\_\_\_\_ **School TO-** \_\_\_\_\_ **School**

NEW? \_\_\_\_\_ If not complete, will not be processed. Answer all questions.

More than one child from the same family may be listed. PRINT CHILDREN'S FULL NAME(S)	BIRTHDATE	WHAT GRADE FOR SCHOOLYEAR ABOVE?	LAST SCHOOL ATTENDED

**PERSONAL INFORMATION: (Please print clearly)**

PARENT/GUARDIAN		
MAILING ADDRESS		
CITY & ZIP		
Brief DIRECTION TO HOME		
E-MAIL ADDRESS		
HOME PHONE:	WORK:	CELL:
REASON FOR REQUEST?		

Is transportation to/from the out-of-zone school being provided by you? \_\_\_\_\_ If not, how will the student get to/from the out-of-zone school? \_\_\_\_\_ If riding bus, which one? \_\_\_\_\_

- Although parents should provide transportation for out-of-zone students, exception may be possible in certain cases.
- With permission, out-of-zone students may ride a Bradford County school bus if the student utilizes a designated, board approved bus stop and if the bus is not overcrowded.
- Parents may be requested to provide proof of residence such as a voter registration card, utility bill, rental receipt, or other appropriate documentation. Students attending out-of-zone schools must follow the guidelines listed on the back of this form, for behavior, grades, punctuality, and attendance, as well as board policy.
- Please sign below to indicate that you understand that granting this request is a privilege. This privilege may be rescinded if guidelines above are not followed. **This form is for the current school year. A new form must be completed each school year.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASING** School Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ APPROVED \_\_\_ DENIED - COMMENTS: \_\_\_\_\_ CHILD ATTENDS NOW? \_\_\_

**RECEIVING** School Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ APPROVED \_\_\_ DENIED - COMMENTS: \_\_\_\_\_ CHILD ATTENDED LAST YEAR? \_\_\_

**RETURN FORM FOR REVIEW TO:**  
 David Harris, Assistant Superintendent  
 BRADFORD COUNTY SCHOOL DISTRICT  
 501 West Washington Street  
 Starke FL 32091  
 FAX: 904.966.6826 / PH. 904.966.6032

\_\_\_\_\_ **APPROVED** \_\_\_\_\_ **DENIED**  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 of Assistant Superintendent/Designee

COMMENTS: \_\_\_\_\_

**FAXED TO RELEASING & RECEIVING SCHOOL: #** \_\_\_\_\_ **/** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **BY:** \_\_\_\_\_ **PHONE: 904.966.6010**