



BRADFORD COUNTY SCHOOL DISTRICT
Out-of-Zone School Attendance Request

20__ 20__ SY

FROM - BRADFORD COUNTY - TO - COUNTY

More than one child from the same family may be listed. You must complete a new form each school year.

Table with 4 columns: PRINT CHILDREN'S FULL NAME(S), BIRTHDATE, GRADE FOR SY ABOVE, BRADFORD SCHOOL ZONED FOR OR ATTENDED

PERSONAL INFORMATION: (Please Print Clearly)

Form with fields: PARENT/GUARDIAN'S NAME, MAILING ADDRESS, CITY & ZIP, DIRECTIONS TO HOME, E-MAIL ADDRESS, HOME PHONE, WORK, CELL, TO WHAT SCHOOL(S)?, REASON FOR REQUEST?

Please sign below to indicate that you understand that granting this request is a privilege. The receiving county may rescind the agreement if the student fails to follow acceptable guidelines for behavior, grades, and attendance. This form is for the school year indicated at the top. A new form must be completed each school year.

Parent signature: Date:

RETURN FORM FOR REVIEW TO: David Harris, Assistant Superintendent School Board of Bradford County 501 West Washington Street Starke FL 32091 FAX: 904.966.6826 / PH. 904.966.6032 APPROVED DENIED Date: Signature: of Assistant Superintendent/Designee

COMMENTS:

AFTER REVIEW BY SCHOOL BOARD OF BRADFORD COUNTY, FAXED TO RECEIVING SCHOOL/DISTRICT: # DATE: BY: PHONE: 904.966.6010

Parent notified of approval via: e-mail phone

Receipt of Reviewed FAXed form serves as official notice of release/receipt of above noted student(s). No other formal letter will be sent. RENEW ANNUALLY.