

Rec'd by Student Services: \_\_\_\_\_  
Returned to Student Services: \_\_\_\_\_

# THE SCHOOL BOARD OF HERNANDO COUNTY, FLORIDA

919 North Broad Street, Brooksville, FL 34601 (352) 797-7008

## STUDENT REASSIGNMENT REQUEST FORM

Request #: \_\_\_\_\_  
*For Office Use Only*

School Year for Transfer: \_\_\_\_\_

Grade for Transfer: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street (No P.O. Box) City Zip Code

Legal Residence in: \_\_\_\_\_ / \_\_\_\_\_  
County Zoned School

Permission is requested to enroll in: \_\_\_\_\_ / \_\_\_\_\_  
County Requested School

### REASON FOR TRANSFER REQUEST:

Dependent of Active Duty Military  Medical  Employee's Child  Siblings Attend  Other  (MUST Attach Explanation)

A TRANSFER IS A PRIVILEGE WHICH IS IN FORCE FOR **ONE SCHOOL YEAR ONLY**. It will be continued during the school year in which it is approved only so long as the student's attendance, conduct, and scholarship are satisfactory to the receiving school. A transfer, once approved, must be renewed for each school year. **The parent(s)/guardian(s) will be responsible for providing transportation.** Transportation will be provided to students receiving Exceptional Student Education, as required by law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ELEMENTARY SCHOOL STUDENT TRANSFERS – Parents of elementary students requesting transfer do not need to complete athletic disclaimer.

Zoned School Principal Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason for disapproval _____	
<b>If approved, send completed transfer form to receiving school. If disapproved, send completed transfer form to the Director of Student Services.</b>	
Receiving School Principal Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason for disapproval _____	

### MIDDLE AND HIGH SCHOOL STUDENT TRANSFERS – Parent/Guardian must sign the athletic disclaimer if the transfer is not athletically motivated.

**ATHLETIC DISCLAIMER:** If the reason for the special attendance request is in whole or in part for participation in an athletic program, the transfer will not be approved by the athletic director. If, in the opinion of both principals, the motivation for this transfer is an athletic program either the transfer will be disapproved, or the student will forfeit one calendar year of eligibility (FHSAA rules).

We, the parent/guardian affirm that this student has neither been encouraged nor recruited by school staff to seek this transfer, and that athletics is not the reason for the request for transfer.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ZONED SCHOOL

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved Reason for disapproval \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved Reason for disapproval \_\_\_\_\_

#### RECEIVING SCHOOL

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved Reason for disapproval \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved Reason for disapproval \_\_\_\_\_

**DISTRICT OFFICE:** Director of Student Services' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved Reason for disapproval \_\_\_\_\_

### PARENTS MAY APPEAL THE DECISION TO THE HARDSHIP WAIVER COMMITTEE

Appeals Committee Decision:  Approved Date: \_\_\_\_\_

Disapproved Assistant Superintendent \_\_\_\_\_ Director of Student Services \_\_\_\_\_ Curriculum Supervisor \_\_\_\_\_