Polk County Public Schools
P. O. Box 391
Bartow, Florida 33831
Attention: Pupil Accounting

FORMS-00737
MS-BJT
1-10-94

Attendance Month
1 2 3 4 5 6

REQUEST FOR SCHOOL TRANSFER

_____ _____
(School Year) (Race)

1. Name of Student: _____ _____ _____
(Last) (First) (Middle) (I. D. Number) (Grade)
2. Student's Address: _____ _____
(No Not Use Routes or P. O. Box Numbers) (City)
3. Name of Parent: _____
4. Parent's Address:_____ _____
(Phone Number)
5. Parent's Mailing Address _____ _____
(Zip Code)
6. School to Which Student is Zoned: _____
7. New School of Choice to Which Transfer is Requested: _____

REASON FOR REQUESTED CHANGE

Please Check Appropriate Reason:

( ) Improvement of Racial Balance

( ) Medical (Special Form Required)

( ) Course Availability (High School Only)

( ) Employee at the School

( ) Change of Residence as of: _____
(Date of Change)

PLEASE NOTE:

1. **We may not be able to approve your request, but we will try.**
2. **Bus transportation is NOT provided for transferred students!**
3. **Approved transfers may be revoked if child has attendance or behavior problems at the approved school.**

_____ _____
(Date) (Signature of Parent)

RECEIVED

Proof of Residence Required

Please attach your 2 proofs to this form. (The proofs must be from different categories and show your name and physical address.)

Category 1: Apartment or home lease agreement, mortgage document, or property tax record.
Category 2: Current utility bill (electric, gas, phone, cable, water).
Category 3: Voter registration document.
Category 4: Proof of government benefits (disability, Medicare, food stamps, HRS correspondence).

M29B-15/1