

SUMTER COUNTY SCHOOL BOARD
2680 WEST COUNTY ROAD 476
BUSHNELL, FLORIDA 33513

_____*Sending School*
_____*Receiving School*

Special Attendance Request For School Year 20__-20__

Name of Student _____ Grade _____
Parent(s) Name _____ Phone (____) _____
Mailing Address _____ / _____ / _____
Physical address _____ / _____ / _____ school zone
City _____ Zip Code _____
City/Zip Code _____ Zoned School _____

Special permission to enroll in the _____ School _____ County, Florida

Reason for request: Hardship _____ Medical _____ Special Program _____ Child Care _____
Explain: _____

ONE-YEAR APPROVAL: This permit is in force the current school year, and is a privilege provided that the student's attendance, conduct and academic progress are satisfactory. During the approval year, any severe attendance, truancy or discipline problems will result in the REMOVAL of approval to attend the out of zone school for the remainder of that year.

TRANSPORTATION : The attendance approval, if granted, will be with the understanding that the Parent will be responsible for providing transportation. Space on existing bus routes may be available, but parents may not depend on this service. Further, the student's safety and welfare traveling to and from that existing bus stop are also the responsibility of the parent. Students should not be allowed to cross-dangerous roads/intersections.

X _____
Parent Signature

Student Services Review: _____ Administrative Recommendation: _____

MIDDLE AND HIGH SCHOOLS ONLY

ATHLETICS: If in the opinion of both principals, the primary 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).

I promise that the main reason for this transfer is not related to any athletic program.

X _____
Parent _____ Date _____

We affirm this student has neither been encouraged nor recruited by school staff to seek this transfer and that athletics is not the primary reason for the request:

SENDING SCHOOL

Athletic Director

Principal

RECEIVING SCHOOL

Athletic Director

Principal

<p>Recommendation:</p> <p>Approved _____ Not Approved _____</p> <p>Approved Conditionally _____</p>	<p>Approved As Recommended:</p> <p>_____ Superintendent/Designee</p> <p>_____ School Board Meeting Date</p>
<p>Send all copies to the office of the Superintendent. Appropriate copies will be returned indicating action taken.</p>	