



**HARDSHIP REQUEST
(K-12)
FLAGLER COUNTY SCHOOL DISTRICT**

Student's Name _____ Grade in _____
 (Last) (First) (Middle) Sex: _____ 2011-12 _____

Race: _____ White _____ Black _____ Hispanic _____ Multiracial _____ Asian/Pacific Islander _____ American Indian/Alaska Native

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino (Please also complete the "Race" selection above. Check all that apply.)

Residence Address: _____ City _____ Zip Code _____

Mailing Address: _____ City _____ Zip Code _____

E-Mail Address: _____

Zoned School _____ Requested School _____ Current School _____

Parents/Legal Guardian Names: _____

Telephone Numbers (H): _____ (W): _____ (C) _____

Is your child currently staffed in an Exceptional Education Program? _____ No _____ Yes Program _____

Does your child participate in Athletics? _____ No _____ Yes Sport(s) _____

REASON FOR REQUEST: (MUST BE COMPLETED) to help us make a decision, please provide complete information below.

BACK OF FORM MUST BE COMPLETED IF REQUEST IS DUE TO EMPLOYMENT AND CHILD CARE. IF REQUEST IS DUE TO CUSTODY ISSUES, MILITARY DEPLOYMENT, MEDICAL NECESSITY, SAFTY REASONS, YOU MUST ATTACH VERIFYING DOCUMENTS.

REQUESTED SCHOOL MUST HAVE AVAILABLE CAPACITY, MUST MEET CLASS SIZE COMPLIANCE AND MAINTAIN DIVERSE ENROLLMENT.

I understand that if the Board approves the transfer request, Parents are responsible for student transportation or the student may ride the bus from the nearest stop serving the requested school if there is available space. Parents will need to contact the transportation dept (386) 586-2145 in August. If any attendance, tardiness, or discipline problems occur during the school year the transfer may be revoked. I agree to abide by the policies of Flagler County School District. I testify that all of the information on this form is true and accurate. I understand that, if applicable, the School Choice Office will be calling my child care provider and/or place of employment for verification of my statements. I am prepared to provide additional notarized documents if requested. I understand that failure to comply with these conditions, or falsification of any portion of the application, will result in the denial or revocation of my request.

I HAVE READ THE ABOVE POLICY AND AGREE TO ADHERE TO THE TRANSFER POLICY.
 I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE.
 PARENT/GUARDIAN SIGNATURE _____ DATE _____

Return completed form to: School Choice Office, 1769 E Moody Blvd, Bunnell, FL 32110 (phone) 386-437-7526

STATEMENT OF CHILD CARE PROVIDER

Name of Child Care Provider

Provides before and/or after school child care to _____
(All Children and Ages)

(All Children and Ages)

on a full time basis as of the date of my execution of this Affidavit.

Address of Child Care Provider

Telephone of Child Care Provider

Parent Signature

Date

STATEMENT OF EMPLOYMENT

Company Name

Supervisor's Name

Address

City

State

Zip

Work Hours _____ Work Days _____ Telephone _____
(Start & End Time) (Monday - Friday)

Parent Signature

Date

STATEMENT OF EMPLOYMENT

Company Name

Supervisor's Name

Address

City

State

Zip

Work Hours _____ Work Days _____ Telephone _____
(Start & End Time) (Monday - Friday)

Parent Signature

Date

*****IF REQUEST IS DUE TO CUSTODY ISSUES OR MILITARY DEPLOYMENT PLEASE ATTACH VERIFYING DOCUMENTS.**

FOR SCHOOL DISTRICT USE ONLY

VERIFIED: CHILD CARE **EMPLOYMENT**

COMMENTS _____

DISTRICT ADMINISTRATOR _____ **DATE** _____