



The School District of Escambia County

Enrollment Services

Email: SchoolChoice@ecsdfl.us | Phone: (850) 469-5580

REQUEST FOR STUDENT TRANSFER | School Year: 2024-2025

Please PRINT clearly above each line. Be sure to include any relevant documentation if necessary.

STUDENT INFORMATION

Student Name		Birthdate	Gender	Race	Grade
Focus (Student) ID	Previous/Current School	Residentially Zoned School	Requested School		

PARENT / GUARDIAN INFORMATION

TBC

Parent/Guardian Name	Street Address Line 1		
Best Phone Number	Street Address Line 2 (Optional)		
Email Address	City	State	ZIP Code

REASON FOR TRANSFER REQUEST - Check ONE only, then attach relevant documentation as needed.

- Address Change/Completion of Level (For students wishing to complete the highest grade level at their current school.)
- School Choice for **ELEMENTARY SCHOOL** -- (Deadlines may apply.)
- School Choice for **MIDDLE SCHOOL** -- (Deadlines may apply.) Career Academy (**Required**): _____
- School Choice for **HIGH SCHOOL (Grades 9-11 Only)** -- (Deadlines may apply.) Career Academy (**Required**): _____
- Residential (**Grades 9-12 Only**) -- Attach proof of residence (of homeowner) and the notarized Owner Affidavit form.
- Sibling Support -- Name (_____) and Student Number (_____) of sibling already at the desired
- District Employee -- Attach a copy of employee badge. School of Employment (**Required**) _____
- Medical Need -- Provide verification from principal or letter from physician.
- Parental Change of Authority in FOCUS (Birth Certificate Required)
- Request to be Added to FOCUS (Custody documentation required)
- Guardianship/Foster Parents -- Attach legal documents awarding guardianship. (In-District Request ONLY.)
- HOPE Scholarship/Safety (Notification form required.)
- Opportunity Scholarship (Limited to Qualifying Schools.)

HIGH SCHOOL ATHLETICS / EXTRA CURRICULAR ACTIVITIES

Did you participate in athletics at your previous school? Yes ____ | No ____ If "Yes", what is the last date of participation?

If "Yes", which sport(s)? _____

PARENT / GUARDIAN SIGNATURE

Proof of residence is REQUIRED to process transfer requests. I understand that providing false information shall invalidate my child's permission to attend his/her non-districted school. An approved transfer request may be rescinded if a student does not maintain acceptable grades, attendance, and behavior, thus resulting in reassignment to the student's residentially-zoned school. **I understand that transportation to an approved school remains the responsibility of the parent/guardian.**

Parent/Guardian Signature _____ Date _____

DO NOT WRITE BELOW. OFFICIAL USE ONLY.

STU # ID _____	ABSENCES: _____	TARDIES: _____	DISCIPLINE: _____	GRADES: ___ A ___ B ___ C ___ D ___ F ___ S ___ N ___ U ___ I
FTE: _____	EXCEPTIONALITY: _____	504 PLAN DATE: _____	IEP: Y N	
APPROVED: SIGNATURE _____ DATE _____	DENIED: SIGNATURE _____ DATE _____	FOCUS: ENTERED BY _____ DATE _____	CONTACT: ENTERED BY _____ DATE _____	METHOD _____