



The School District of Escambia County

Enrollment Services

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

REQUEST FOR STUDENT TRANSFER | School Year: 2025-2026

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

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 school.
- ☐ 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.)
- ☐ Updating Documents/Legal Name Change
- ☐ Safety Transfer (Documentation 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 An approved transfer request may be rescinded if a student does not maintain acceptable grades, attendance, and behavior, thus resulting in reassignment to the student's residentially-zoned school.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: _____
OCTOBER | FEBRUARY

EXCEPTIONALITY: _____

504 PLAN DATE: _____

IEP: Y | N

APPROVED: _____
SIGNATURE | DATE

DENIED: _____
SIGNATURE | DATE

FOCUS: _____
ENTERED BY | DATE

CONTACT: _____
ENTERED BY | DATE | METHOD