



THE SCHOOL BOARD OF GADSDEN COUNTY

Educating Every Student Today, Making Gadsden Stronger Tomorrow

Elijah Key, Superintendent of Schools

35 Martin Luther King, Jr. Blvd Quincy, Florida 32351

Main: (850) 627-9651 or Fax: (850) 627-2760

www.GadsdenSchools.org

For Official Use Only:	Zoned School: _____	School Year: _____
	Receiving School: _____	School ID#: _____

Gadsden County Schools – Student Transfer Request

A separate form is required for each student requesting to attend a school outside the student’s designated attendance zone. Parents/guardians are encouraged to visit their school of choice and examine all areas of the curriculum and programs prior to completing this form. Return completed form(s) to the principal of the home school.

<u>Part 1: Family Information</u>	<u>Part 2: Type of Transfer Request</u>
Student’s Name: _____ Grade: _____	<input type="checkbox"/> Out of District (Complete Part 3, 6, 7A)
Date of Birth: ____ / ____ / ____ Zoned School: _____	<input type="checkbox"/> Out of Zone: (Complete Part 4, 5A, & 6, 7B)
Parent/Guardian Name: _____ (Please Print)	Note: Gadsden County School District allows parents from any school district in the state, whose child is not subject to a current expulsion or suspension, to enroll his or her child in and transport his or her child to any public school in the district, including charter schools, that have not reached capacity subject to the maximum class size pursuant to Florida Statutes and the Controlled Open Enrollment Plan adopted by the School Board.
Address: _____ Apt #: _____	
City: _____ State: _____ Zip: _____	
Home Phone: _____ Work Phone: _____	

<u>Part 3: Out-of-District Request Only</u>	<u>Part 4: Out-of-Zone Request Only</u>
District Requested: _____	School Requested: _____
School Requested: _____	Note: Parent is responsible for transportation.

<u>5A Part: Reasons for Request</u>
<u>Special Programs</u> <input type="checkbox"/> Magnet School <input type="checkbox"/> McKay Scholarship <input type="checkbox"/> Home Education <input type="checkbox"/> Florida Virtual School <input type="checkbox"/> Private School <input type="checkbox"/> Others

Part 6: State in detail your reason(s) for requesting a student transfer: _____

Parent/Guardian Signature _____	Date _____
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Zone School: Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Principal’s Signature _____	Date _____
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Requested School: Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Principal’s Signature _____	Date _____
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Reason for Denial _____

District: Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Superintendent’s Signature _____	Date _____
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Reason for Denial _____

School Board: Request Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
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Revised 8/2024

Cathy S. Johnson
DISTRICT NO. 1
HAVANA, FL 32333
MIDWAY, FL 32343

Steve Scott
DISTRICT NO. 2
QUINCY, FL 32351
HAVANA, FL 32333

Leroy McMillan
DISTRICT NO. 3
CHATTAHOOCHEE, FL 32324
GREENSBORO, FL 32330

Charlie D. Frost
DISTRICT NO. 4
GRETNA, FL 32332
QUINCY, FL 32352

Karema D. Dudley
DISTRICT NO. 5
QUINCY, FL 32351