

PUTNAM COUNTY SCHOOL DISTRICT  
REQUEST FOR HARDSHIP TRANSFER

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Zoned School \_\_\_\_\_ Requested School \_\_\_\_\_

Telephone Numbers (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

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

Does your child plan to participate in High School Athletics? \_\_\_ No \_\_\_ Yes

REASON FOR REQUEST: To help us make a decision, please provide complete information below.

BACK OF THE FORM MUST BE COMPLETED IF REQUEST IS DUE TO EMPLOYMENT OR CHILD CARE. A "Hardship" exists when there is a situation or circumstance that will have a compelling and adverse state of misfortune for that student or family's life.

I understand that if the Principal approves the hardship transfer request, I am responsible for providing transportation of my child to and from school. PCSD bus service cannot be utilized. **If any attendance, tardiness, or discipline issues occur during the school year the transfer may be revoked.** A transfer may be revoked if there is an attempt to utilize PCSD bus service. I agree to abide by the policies of Putnam County School District. Students attending through approved hardship waivers are permitted to attend the school of assignment from year to year as long as space is available and that student maintains an acceptable standard of behavior and attends school regularly.

I testify that all of the information on this form is true and accurate. I understand that, if applicable, PCSD will be calling my childcare 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.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

NOTARY:

State of Florida, County of \_\_\_\_\_.

The fore going instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

STATEMENT OF CHILD CARE PROVIDER

As of the date of my execution of this Affidavit, \_\_\_\_\_  
*Child Care Provider*

Provides before and/or after school child care to \_\_\_\_\_.  
*Student Name*

\_\_\_\_\_  
Address of Child Care Provider Telephone of Provider

\_\_\_\_\_  
Child Care Provide Signature Date

STATEMENT OF EMPLOYMENT for Parent/Guardian

\_\_\_\_\_  
Company Name Supervisor's Name

\_\_\_\_\_  
Company Address Company Telephone

Work Hours \_\_\_\_\_ Work Days- M Tu W Th F Sa Su

\_\_\_\_\_  
Employer Signature Date

FOR SCHOOL USE ONLY

VERIFIED: CHILD CARE EMPLOYMENT

COMMENTS \_\_\_\_\_

Transfers may not be rescinded on students who were present for both FTE counts.

REQUEST STATUS: APPROVED DENIED

\_\_\_\_\_  
Principal Signature Date