

**School District of Putnam County
Student Transfer Request Form
(Student requesting to transfer to another District outside of Putnam County Schools)**

Student Name: _____ Student DOB _____

Parent or Guardian: _____

Residence Address: _____

Mailing Address: _____

Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

School & District student is currently attending: _____

School year for which request is being made: 20____ - 20____

Student's grade level during the requested school year: _____

Out of County district/school your child will attend: _____

Specific reason(s) for requesting transfer:

Parent/Guardian Signature

Date

Proof of parental rights will be requested.

NOTARY: State of Florida, County of _____. Sworn to (or affirmed) before me this _____ day of _____, 20____, by _____. Personally Known ____ or Produced ID _____, type _____.

Approved By: _____
Superintendent or Designee

Please contact Putnam County School District, Department of Student Services, at 386-329-0538 if you should have questions.