

**Request Form  
For Out-of-County Student Transfer**

I am requesting that my child / children be **released** from **Taylor County School District** to attend school in \_\_\_\_\_ County during the \_\_\_\_\_ school year.

My reason (s) are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of my child / children	Date of Birth	Grade Attending	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that a request must be made and approved prior to the beginning of each school year.

My child / children have not been expelled from another school district.

I understand, if approved that continued attendance for following years shall be determined at the end of each current school year. Factors for consideration by the School District include, but are not limited to, demands on School District resources, student population, the student's behavior, and the student's attendance record.

Parent / Guardians name (Please Print): \_\_\_\_\_

Address (Please Print): \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Please return this form to: Taylor County School Board, Superintendent of Schools Office, Out of County Student Transfer Request, 318 North Clark Street, Perry, Florida 32347 or you may fax it to: 850-838-2501

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