

**SUMTER COUNTY SCHOOL BOARD**  
2680 WEST COUNTY ROAD 476  
BUSHNELL, FLORIDA 33513

\_\_\_\_\_*Sending School*  
\_\_\_\_\_*Receiving School*

**Special Attendance Request For School Year 20\_\_-20\_\_**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City Zip Code  
Physical address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ school zone  
City/Zip Code Zoned School

**Special permission to enroll in the \_\_\_\_\_ School \_\_\_\_\_ County, Florida**

Reason for request: Hardship \_\_\_\_\_ Medical \_\_\_\_\_ Special Program \_\_\_\_\_ Child Care \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**ONE-YEAR APPROVAL:** This permit is in force for a maximum of one school year, at the end of which it will expire. It will be continued only for so long as the student's attendance, conduct, and scholarship are satisfactory to the school of special attendance. During the approval year, any severe attendance, truancy or discipline problems will result in the REMOVAL of approval to attend the out of zone school for the remainder of that year.

**TRANSPORTATION :** The attendance approval, if granted, will be with the understanding that the Parent will be responsible for providing transportation. Space on existing bus routes may be available, but parents may not depend on this service. Further, the student's safety and welfare traveling to and from that existing bus stop are also the responsibility of the parent. Students should not be allowed to cross-dangerous roads/intersections.

X \_\_\_\_\_  
Parent Signature

Student Services Review: \_\_\_\_\_ Administrative Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MIDDLE AND HIGH SCHOOLS ONLY**

**ATHLETICS:** If in the opinion of both principals, the primary motivation for this transfer is an athletic program, either the transfer will be disapproved or the of the student will forfeit one calendar year of eligibility (FHSAA rules).

I promise that the main reason for this transfer is not related to any athletic program.

X \_\_\_\_\_  
Parent Date

We affirm this student has neither been encouraged nor recruited by school staff to seek this transfer and that athletics is not the primary reason for the request:

**SENDING SCHOOL**  
\_\_\_\_\_  
Athletic Director  
\_\_\_\_\_  
Principal

**RECEIVING SCHOOL**  
\_\_\_\_\_  
Athletic Director  
\_\_\_\_\_  
Principal

**Recommendation:**  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Approved Conditionally \_\_\_\_\_

**Approved As Recommended:**  
\_\_\_\_\_  
Superintendent/Designee  
\_\_\_\_\_  
School Board Meeting Date

Send **all** copies to the office of the Superintendent.  
Appropriate copies will be returned indicating action taken.