

School Year 20____ - 20____

Please check appropriate box:

- Miami-Dade to Broward County
- Miami-Dade to Monroe County
- Other

MIAMI-DADE COUNTY PUBLIC SCHOOLS
Federal and State Compliance Office
489 East Drive, Miami Springs, Florida 33166
PHONE (305) 883-5323 FAX (305) 883-7544

OUT-OF-COUNTY TRANSFER REQUEST

| | | |
|---------------------------------------|------------------|---------------|
| STUDENT'S LAST NAME | FIRST NAME | MIDDLE NAME |
| STUDENT'S I.D. # | GRADE | HOME PHONE |
| HOME ADDRESS | CITY | ZIP CODE |
| DATE OF BIRTH: MONTH/DAY/YEAR | REQUESTED COUNTY | |
| CURRENT SCHOOL | REQUESTED SCHOOL | |
| REASON REQUESTING TRANSFER | | |
| | | |
| | | |
| | | |
| | | |
| _____ Signature of Parent/Guardian | | _____ Date |

OUT-OF-COUNTY STUDENT TRANSFERS WILL NOT BE PROCESSED DURING FTE WEEKS OR STATE-MANDATED ASSESSMENTS.

| | | |
|---------------------------|------------|--------------------------|
| PARENT'S/GUARDIAN'S NAME: | (Last) | (First) |
| E-MAIL ADDRESS | | |
| HOME PHONE | WORK PHONE | OTHER (BEEPER, CELLULAR) |

| | |
|--|---|
| <input type="checkbox"/> WILL RELEASE STUDENT | <input type="checkbox"/> WILL NOT RELEASE STUDENT |
| _____ Jennifer D. Andreu, Administrative Director | _____ DATE |
| <input type="checkbox"/> WILL ACCEPT STUDENT | <input type="checkbox"/> WILL NOT ACCEPT STUDENT |
| _____ SIGNATURE | _____ DATE |