



STUDENT TRANSFER

School Year 200__ - 200__
 New Renewal
 Regional Center _____
 Date _____
 Time _____

Transfer Code _____
 Assigned School & Loc. No.
 (if applicable):

STUDENT'S NAME (Last)	(First)	(Middle)	BIRTH DATE	GRADE	I.D. NO.
ADDRESS (No.)	(Street)	(City)	(Zip)	TELEPHONE	CELLULAR/BEEPER
E-MAIL ADDRESS					

SCHOOL SERVING RESIDENCE & LOC. NO.	LAST SCHOOL ATTENDED	REQUESTED SCHOOL & LOC. NO.	
ALTERNATE SCHOOLS OFFERED/REQUESTED & LOC. NO.			
1.	2.	3.	4.

FATHER'S/GUARDIAN'S NAME		MOTHER'S/GUARDIAN'S NAME	
EMPLOYED BY	TELEPHONE NO.	EMPLOYED BY	TELEPHONE NO.

Reason for Transfer

An administrative student transfer may only be approved when the receiving school Florida Inventory of School Housing (FISH) capacity is below **110 percent** in the 2006-2007 school year; below **105 percent** in the 2007-2008 school year; below **100 percent** in the 2008-2009 school year and thereafter.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Chapter 775.082, 775.083, or Chapter 775.084. (Chapter 837.06)

I understand that transportation will not be provided.

Parent's/Guardian's Signature _____ **Date** _____

Principal's/Administrative Designee's Signature _____ **Date** _____

Reviewed by:	FOR REGIONAL CENTER USE ONLY
PERCENTAGE OF FISH CAPACITY OF SENDING SCHOOL _____ %	
PERCENTAGE OF FISH CAPACITY OF RECEIVING SCHOOL _____ %	
RECOMMENDATION _____	

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	_____ (Date)
_____ <i>(Signature of Regional Superintendent or Designee)</i>	
<input type="checkbox"/> PARENT NOTIFIED	RECEIVING REGIONAL CENTER (If applicable) _____
PROCESSED BY _____	

COMPLETE REVERSE SIDE

Please read carefully and sign to indicate your understanding and agreement.

- A. I understand that all requests for transfers require appropriate documentation.
- B. If my child receives a transfer, I understand that:
 - 1. This assignment is for the current school year and I will be responsible for providing transportation to the new school assignment;
 - 2. An administrative transfer may be denied or revoked at any time due to poor attendance, tardiness, disruptive behavior, or overcrowding.
 - 3. In exercising this option, my child will be ineligible for interscholastic athletic participation in the new school for one full year from the date of transfer, as determined by the By-Laws of the Florida High School Activities Association (FHSAA), the Greater Miami Athletic Conference (GMAC), and Miami-Dade County School Board Rule 6Gx13-5A-1.08, Student Transfers.

Parent's/Guardian's Signature

Date

Por favor lea cuidadosamente y firme para indicar que usted ha comprendido lo que ha leído y que lo acepta.

- A. Comprendo que todas las solicitudes de traslado requieren documentación válida.
- B. Si a mi hijo(a) se le concede el traslado, comprendo que:
 - 1. Esta asignación es válida para el presente curso escolar y que tendré la responsabilidad de proporcionar el transporte a la nueva escuela al que sea asignado(a) y
 - 2. Si mi hijo(a) no asistiese a clases con regularidad o se mostrase indisciplinado en la nueva escuela, o la escuela sobrepasara el porcentaje de capacidad permitida (FISH), el traslado administrativo pudiera ser revocado.
 - 3. Al ejercer esta opción, mi hijo(a) pudiera no resultar elegible para la participación en deportes intercolegiales en la nueva escuela por espacio de un año completo a partir de la fecha del traslado según lo determinado por los estatutos de la Asociación de Actividades de Escuelas Secundarias de la Florida (FHSAA, por sus siglas en inglés), la Conferencia Atlética del Gran Miami (GMAC, por sus siglas en inglés), y por el reglamento de la Junta Escolar 6Gx13-5A-1.08 de la Junta Escolar del Condado de Miami-Dade, Florida.

Firma del padre/de la madre o tutor(a)

Fecha

Silvouplè li sa k ap suiv la avèk atansyon e siyen li pou montre ou konprann li e ou dakò ak li.

- A. Mwen konprann tout demand pou transfè mande dokimantasyon ki apwopriye.
- B. Si pitit mwen resevwa yon transfè, mwen konprann:
1. Plasman sa a se pou ane lekòl sa a e mwen responsab pou m bay transpòtasyon pou ale nan nouvo lekòl la;
 2. Yo kab refize oubyen anile transfè administratif la nenpòt lè si pitit mwen ap manke jou lekòl, anreta, move konduit, oubyen si lekòl la vin twò chaje.
 3. Nan egzèse opsyon sa a, pitit mwen an kab pa elijib pou patisipe nan espò nan nouvo lekòl la pou tout yon ane apatide dat transfè a, jan yo detèmine l nan Regleman "Florida High School Activities Association (FHSA)," (Asosyasyon Aktivite Lekòl Segondè Florid la), "The Greater Miami Athletic Conference (GMAC)" (Konferans Atletik Gran Vil Miami), e Règ Komisyon Konsèy Lekòl 6Gx13-5A-1.08, Transfè Elèv Lekòl Miami-Dade County.

Siyati Paran/Gadyen

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