



FLORIDA STATUTES 837.06 PROVIDES THAT 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. IF YOU FALSIFY YOUR RESIDENCE WHEN ENROLLING YOUR CHILD, YOU WILL BE REFERRED TO LAW ENFORCEMENT FOR PROSECUTION.

Academic Year Completion Transfer (Mid-Year) Request

2018-2019

Save this document and send to studentenrollment@ocps.net along with any other supporting documentation.

Please Print Clearly

Date: _____

Student Number: _____

Name of Student: _____ Last First Middle

Date of Birth: _____ Grade: _____ [] Male [] Female

Parent(s) or Guardian: _____ [] Mr. [] Mrs. [] Miss [] Ms. [] Dr.

New Address: _____ # Street Apt# City Zip

Mailing Address: _____ (If different from residential address)

When did you move to this address? _____

Telephone: _____ Home or Cell Email address: _____

Previous Address: _____ # Street Apt# City Zip

School Presently Attending _____

School Assigned by School District _____

School Requested _____

- 1. Approval is for the remainder of this school year only.
2. Proof of new residence must be provided at school within 10 days of moving.
3. No transportation provided
4. Good behavior, good attendance and lack of tardies are the conditions for the approval of this transfer.
Signature of Parent or Legal Guardian _____

For School Use Only/or Student Enrollment

Please check one of the following:

- [] Date of purchase Contract: ___/___/___
[] Lease agreement Beginning Date: ___/___/___ Expiration Date: ___/___/___
[] Verification of Residence from Student Enrollment: Date: ___/___/___ Verified by: _____

For Student Enrollment Use Only

[] Approved [] Denied by: _____ Date: _____

Tardies: _____ Absences: _____ Referrals: _____ GPA: _____

Revised 10/11/18 [] S [] C [] Entered by: _____