



SEMINOLE COUNTY PUBLIC SCHOOLS DISTRICT RELOCATION FORM

This form is for Students currently enrolled in a Seminole County Public School who will be enrolling in another school in the District. This may be due to a recent change in geographic attendance zone or a recently **approved** School Choice option. Students are expected to be withdrawn at their previous school before enrolling in to another Seminole County School. Please bring this completed form along with your identification and proof of residency to the new school of enrollment.

Required Documentation for Evidence of Residence

Owned Residence – Warranty Deed or Homestead Exemption, and a copy of a current electric bill or initial order for service; and one of the following current documents supporting stated address: auto registration, Florida driver’s license, Florida ID card, or voter’s registration as evidence that parent(s) own and live at the residence.

Leased Residence – Current lease or rental agreement or a notarized letter from the proprietor, and a copy of a current electric bill or initial order for service; and one of the following current documents supporting stated address: auto registration, driver’s license, Florida ID card, or voter’s registration as evidence that parent(s) lives at the residence.

Section I - To Be Completed by Parent/Guardian					
STUDENT LEGAL NAME – Last	Appendage: Jr., III	First	Middle		
Grade at Entry	Home Phone ()	Cell Phone ()	Birthdate (MM/DD/YYYY) / /	Gender	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
RESIDENTIAL ADDRESS - Street Number, Name and Direction	Apartment No.	City		ZIP	
MAILING ADDRESS (If different from above)	Apartment No.	City		ZIP	
STUDENT LIVES WITH:				Previous Seminole County Public School	
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Self <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian (Documentation Required, Form #893) <input type="checkbox"/> Other: _____					
IDENTIFY WHERE THE STUDENT LIVES: (Select ONE Option)	<input type="checkbox"/> In a house, apartment, or condo that is owned, rented, or leased by parent/legal guardian <input type="checkbox"/> <u>Temporarily</u> with a family/friend due to: loss of housing, loss of employment or economic hardship <input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Vehicle, Camper/Tent				
FATHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone ()	Secondary Phone ()	Work Phone ()	
	Email Address		Employer		
MOTHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone ()	Secondary Phone ()	Work Phone ()	
	Email Address		Employer		
Additional Emergency Contact	Name	Phone ()	Relationship		

INDIVIDUAL(S) ABLE TO PICK UP STUDENT	Name	Phone ()
	Name	Phone ()
SIBLINGS STILL ATTENDING SCHOOL	Name	School
	Name	School
	Name	School

IF STUDENT RECORDS WOULD BE LISTED UNDER A NAME DIFFERENT FROM THE LEGAL NAME ABOVE, PLEASE SPECIFY THAT NAME	Name:
<i>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.</i>	
Parent/Guardian Signature _____	Date: ____/____/____

Section II - To Be Completed by School Personnel				
SCPS ID #	FL ID Alias #	School Name / Number		Exemption / Year
Entry Code	Entry Date	Records Requested On	Proof of Residency	Reason Code
Reason for Enrollment <input type="checkbox"/> Approved through Student Assignment <input type="checkbox"/> ESSS <input type="checkbox"/> FIN <input type="checkbox"/> Other District Dept. <input type="checkbox"/> Newly Zoned due to Geographical Change				
SIGNATURE OF ADMITTING PERSONNEL		Date		Initials of Data Entry Personnel