

**REQUEST FOR TEMPORARY ASSIGNMENT
PARENT AND CHILD ARE STAYING WITH RELATIVE/FRIEND**

Attendance Month
1 2 3 4 5 6

	(School Year)	(Race)
1. Name of Student:		
	(Last) (First) (Middle)	(I. D. Number) (Grade)
2. Student's Address:		
	(Do Not Use Routes or P. O. Box Numbers)	(City)
3. Name of Parent:		
		(Home Phone)
4. Parent's Address:		
		(Work Phone)
5. Parent's Mailing Address		
		(Zip Code)
Parent's Previous Address		
		(Zip Code)
6. School to Which Student is Zoned:		
7. School Requested:		

Please complete affidavit on back.

Mail request to:

Polk County School Board
P. O. Box 391
Bartow, FL 33831
Attn: Pupil Accounting
Fax: 863-534-7319

- 1. Transfer requests must be completed each school year.**
- 2. Please allow 2-4 weeks for processing.**

(Date)

(Signature of Parent)

RECEIVED

Proof of Residence Required

Please attach owner/lease holder's 2 proofs to this form. (The proofs must be from different categories and show name and physical address.)

- Category 1: Apartment or home lease agreement, mortgage document, or property tax record.
- Category 2: Current utility bill (electric, gas, phone, cable, water).
- Category 3: Voter registration document.
- Category 4: Proof of government benefits (disability, Medicare, food stamps, HRS correspondence).