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).