

**SCHOOL DISTRICT OF CLAY COUNTY  
APPLICATION FOR SPECIAL PUPIL REQUEST  
FOR THE 20\_\_/20\_\_ SCHOOL YEAR**

SPR (REGULAR)  SPE (EMPLOYEE)  SPI (IB PROGRAM)  SPA (ACADEMY)

PUPIL'S NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

DAY CARE (K-6 ONLY-ATTACH DAY CARE FORM)

COURSE OF STUDY/ACADEMY(GR. 9-12 ONLY): \_\_\_\_\_

**ATHLETIC PARTICIPATION:** Recruitment is prohibited by Florida High School Athletic Association. Participation involving recruitment will jeopardize your student's athletic eligibility.

PARTICIPATES IN THE FOLLOWING SPORTS: \_\_\_\_\_ OTHER: \_\_\_\_\_

|   |                         |
|---|-------------------------|
| ZONED SCHOOL _____  | REQUESTED SCHOOL _____  |
| <b>IF APPROVED, PARENT MUST PROVIDE TRANSPORTATION.</b>   |                         |
| NOTE: To be approved, a student must have satisfactory attendance, satisfactory grades, and satisfactory conduct and must maintain the above requirements to avoid revocation of the Special Pupil Request. |                         |
| Siblings living in the same household and/or extenuating circumstances will be given consideration on a case by case basis if the above criteria are met.   |                         |
| <b>SPECIAL PUPIL REQUEST MUST BE RENEWED ANNUALLY</b>   |                         |
| (IF SPR IS DENIED AT DISTRICT LEVEL, SCHOOL BOARD REVIEW IS REQUESTED (ATTACH LETTER OF APPEAL))  |                         |
| DATE: _____   | PARENT SIGNATURE: _____ |

**STEP 1: RELEASING SCHOOL** \_\_\_\_\_ **PRINCIPAL'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**STEP 2: RECEIVING SCHOOL** \_\_\_\_\_ **PRINCIPAL'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVED FOR \_\_\_\_\_ ACADEMY/ GRADE LEVEL (GRADES K-8) SPACE AVAILABLE? Yes  No

COMMENTS: \_\_\_\_\_

**STEP 3: FORWARD COMPLETED PACKET TO STUDENT SERVICES**

**STEP 4: SUPERINTENDENT/DESIGNEE/BOARD(SIGNATURE)** \_\_\_\_\_

DISTRICT-WIDE REVIEW: DATE \_\_\_\_\_ (Please Circle) APPROVED ON PROBATION    APPROVED    DENIED

Probation/Denied for the following reasons:(Please Circle) Attendance    Grades    Conduct    Space Availability    Closed School    Zone

COMMENTS: \_\_\_\_\_

**STEP 5: RECEIVING SCHOOL NOTE, IF APPROVED, "TERMS" ENTRY SHOULD BE MADE:**

FL STUDENT ID# \_\_\_\_\_ Entry Date \_\_\_\_\_ Initial \_\_\_\_\_

Distribution by District Office: **White** - Student Services; **Yellow** - Releasing School; **Pink** - Receiving School; **Goldenrod** - Parent. Releasing school will withdraw student after receipt of approved SPR **OR** after summer school if application is for the next year.