

Alachua County Public Schools
Felony Transfer Attachment

This form must be completed when recommending a student for placement at Horizon under the Felony Transfer rule.

<i>Student Name</i>	<i>Student Number</i>	<i>School</i>
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Administrative Hearing

Date: _____

Members Present:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Felony Charges _____

Description of how the student's felony charge(s) would have an adverse impact on the school environment as found by the administrative hearing.

Principals Signature	Date
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