

Request/Appeal for Child to Attend Out of County

Custodial Information:

Name _____

Address _____

City _____ Zip _____ Email address _____

Home Phone _____ Work Phone _____ Cell _____

Student Information:

Student's Name	Grade	Age	Date of Birth	Zoned County	School Requesting

Reason for request _____

I/we understand that the privilege of attending school out of zone may be revoked at any time a school or grade becomes overcrowded and submit this request with this full knowledge.

I/we understand that this privilege can be revoked at any time that the student's attendance, discipline, and/or grades decline.

I/we understand that upon approval, I/we will be required to provide transportation to and from school.

I/we understand that falsifying information will be grounds for disqualification.

This request will not be reviewed without all of the following three items:

1. Current attendance report
2. Current discipline report
3. Current grades / transcript

Student(s) must be in good standing in all three areas for consideration.

Signed: _____ Date: _____
(Parent or Legal Guardian)