

## 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)*