

OUT OF ZONE APPLICATION, GRADES 6-12

OFFICE USE ONLY:
Received: Time: _____

Your Board of Education has established geographical attendance zones for its school, along with an Assignment to School policy. We hope you will understand that it is difficult to justify transfer for a few people when we are required to enforce school attendance zones for pupils in all grades. Discuss the need for transfer with the principal of your child's assigned school, the principal of the requested school, and obtain the signatures to complete the application form. **The principal at the school you are requesting to attend will receive your completed form from April 15 through May 1.** You will receive written notification of the decision.

Student's Full Name:	Student ID #:	
Address of Parent/Legal Guardian (No PO Box)		
Home Phone Number:	Zoned School:	Grade for year transfer is requested:
Work Phone Number:	Requested School:	

- Course/Program (grades 9-12 only): If approved, a student may not transfer back to the zoned school except during the first two (2) weeks/10 days of the semester. Name of requested course/program. _____
Have you discussed your program of studies with your principal or guidance counselor? Yes No
- Are both residences in Dickson County: Yes No
- Medical: (Medical statement must accompany this request and be signed by the physician treating the child.)
- Other: (Explain) _____

IF MY REQUEST IS GRANTED, I UNDERSTAND THAT:

- ▶ If there is overcrowding in the grade/school requested, my child may be reassigned to the zoned school.
- ▶ My child's continued enrollment for the school year depends upon satisfactory attendance, effort and behavior.
- ▶ I will be responsible for transportation to the new school assignment.
- ▶ Permission is for the current school year only; renewal must be requested before the start of the next school year.
- ▶ It is my responsibility to keep the school informed about any change of address and/or telephone number.

I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Parent/Guardian Signature: _____ Date: _____

COMMITTEE DECISION

Principal of requested school _____, Date _____	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Secondary Director _____, Date _____	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>