



Request To Attend School Outside Attendance Zone

(Only requests made by parent or legal guardian will be considered)

Date: _____ **School Year: 20-** _____ **- 20** _____

Parent/Child Information:

Child's Name: _____

DOB: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____

Parent Address: _____

Name of school your child is zoned to attend: _____

Name of school you wish your child to attend: _____

Parent Signature: _____



SCHOOL OFFICE USE ONLY

Date Received: _____ Time Received: _____

Principal's Action:

_____ Temporarily Approved _____ Approved _____ Denied

Notification to Parents on: _____

Notes:

Date: _____ **Principal Signature:** _____