

**AMHERST COUNTY PUBLIC SCHOOLS
OUT-OF-ZONE APPLICATION FORM**

Please complete the following information and submit this application to the school of your request. Only completed applications will be considered, and parents will be notified of the decisions as soon as possible. Amherst County Public Schools reserves the right to approve or deny any out-of-zone requests for students if the enrollment at the grade requested is at or above the prescribed student/teacher ratio. Both attendance and student conduct at the previous school attended will also be factors when considering this application. **Applications for out-of-zone requests must be submitted to the principal of the school annually for approval.** Submit only one application per student during the period of May 1 through July 15, annually prior to the start of the upcoming school year. Any deviation of this time period needs the approval of the Superintendent.

Student's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Student's Upcoming Grade Level: _____ Number of Absences Last Year: _____

Requested School Zone: _____ Home School Zone: _____

Name and address of Parent and/or Guardian:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Parent(s) Work Number(s): _____

Please provide an explanation of reasons why your child should attend a school outside of your school attendance zone. If more space is needed, please explain on the back of this sheet.

A new out-of-zone attendance request must be submitted each school year. Approval is granted based upon the understanding that a parent will have the responsibility for transporting his/her child to the school. If attendance, tardies, early departures, discipline or class size becomes an issue at the out-of-zone school, the placement of the child at that school will be terminated.

I attest to the best of my ability that all of the information given is accurate.

Parent/Guardian Signature _____ Date _____

School Use

Date Received: _____ Notified home school of request: _____

Student has previously attended requested school for _____ years.

Student/Teacher Ratio: _____

Principal Recommendation:

Approval _____

Disapproval _____

Signature: School Administrator _____

Comments (include attendance and behavior, if appropriate):

Central Office Use

Date Received: _____ Approved: _____ Disapproved: _____

Signature: _____ Date: _____

