

**Out of District Parent Request 2009/2010**

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Student Name & Grade Level for 09-10 School Year

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Siblings Name and Grade Level for 09-10 School Year

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Home School \_\_\_\_\_

Requested School \_\_\_\_\_

Please Check Reason for Request

Parent's Contact Numbers

1. Baby Sitter \_\_\_\_\_

Home \_\_\_\_\_

2. Student Health \_\_\_\_\_

Cell Phone \_\_\_\_\_

3. Over Cap Student \_\_\_\_\_

4. Employee \_\_\_\_\_

5. Fifth Grade Student \_\_\_\_\_

6. If Other Please List the Reason \_\_\_\_\_

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Note for Parent-- Please read and sign to agree to terms of out of district placement.

1. Parents must provide transportation for their child if placed in an out of district school.
2. Out of District Students that are approved for placement must attend school on a regular basis, maintain good academic standing, and adhere to the school's discipline code.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_