



**APPLICATION FOR ENROLLMENT
OUT-OF-COUNTY STUDENT**

**2021-2022
EMPLOYEE**

[Application for student enrollment must be completed each school year]

Student's Name _____ Age _____ Grade _____
(For the 2021-2022 School Year)

Last School Attended _____

County Where Student Resides _____

School to Which Enrollment Is Requested in Davie Co. _____

Does Student Receive EC Services? _____ Yes _____ No If Yes, What Services? _____

DCS location parent employed: _____ ; Job Title _____ ; Hours employed: _____

I understand that acceptance for enrollment is subject to the following:

- 1) Release is obtained from the administrative unit where the student resides (attach copy). **Student cannot enroll until release is obtained.**

Parent/Employee Name _____

Parent/Employee Signature _____

Address _____

Telephone # _____

Email Address _____

Date _____

Please submit this form to Davie County Schools, Office of the Superintendent, 220 Cherry Street, Mocksville, NC 27028

FOR OFFICE USE ONLY:

Received: _____

Approved: _____

Release Received: _____

Parent/Guardian Notified: _____

Superintendent

Date