

STATE OF MISSISSIPPI
COUNTY OF JACKSON

OCEAN SPRINGS SCHOOL DISTRICT

20__-20__

PETITION FOR ENROLLMENT OF OUT-OF-DISTRICT STUDENT
WHEN PARENT IS AN EMPLOYEE

_____ Date

To the Board of Trustees of _____ School District,
(Home School District You Reside In)

_____ School.
(Name of School in Home District Student Would Attend)

I hereby request that _____ a _____ grade student,
(Name of Student)

residing with me in the _____ School District, be given
(Home District of Student)

permission to attend school in the Ocean Springs School District during the 20__-20__

School Year where I am employed as a _____ at _____.
(Position) (School / Department Employed)

In the event that I am no longer employed by the Ocean Springs School District, I understand that my child must withdraw immediately from the Ocean Springs School District.

Home Address of Student: _____

Home Phone: _____ Cell Phone: _____

Name of Parent / Guardian: (Please print legibly.) _____

Parent / Guardian Signature: _____

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I, Bonita Coleman, Ph.D., Superintendent, hereby certify that the Board of Trustees of the Ocean Springs School District approved the request for transfer as provided under State Law for this student to attend the Ocean Springs School District. This is with the understanding that any additional cost other than State Funds shall be paid by the parent or guardian.

Student will be assigned to _____ School.

Witness my signature this the ____ day of _____, 20__.

Bonita Coleman, Ph.D. Superintendent