



OUT OF ZONE WAIVER APPLICATION

2023-2024

COMPLETE ONE APPLICATION PER STUDENT – PLEASE PRINT ALL INFORMATION LEGIBLY IN INK

NAME OF STUDENT: _____ **GRADE FOR 2023-2024** _____

SEX: MALE FEMALE **BIRTHDATE:** ___/___/___ **SIBLINGS(S):** _____

PARENT(S)/GUARDIAN(S): _____

BEST CONTACT PHONE: _____ **Email:** _____

COMPLETE CURRENT HOME ADDRESS: _____

SCHOOL ATTENDED 2022-2023: _____ **ZONED SCHOOL FOR 2023-2024:** _____

PREFERRED SCHOOL TO ATTEND: _____

IS PARENT/GUARDIAN A FSSD EMPLOYEE? LIST JOB TITLE/LOCATION: _____

HAS THE STUDENT PREVIOUSLY BEEN GRANTED OUT OF ZONE APPROVAL: Yes No **SCHOOL:** _____

REASON FOR ZONE WAIVER REQUEST (request will automatically denied if no reason is given):

PARENT’S OR GUARDIAN’S DECLARATION OF UNDERSTANDING:

I (parent/guardian of above listed student) UNDERSTAND AND AGREE TO THE FOLLOWING:

- The parent or guardian will provide transportation to and from school.
- Attendance will be regular with arrival and departure according to the school rules. My child will have no more than 10 unexcused absences or 10 tardies/early dismissals (total) during the year.
- My child will be picked up promptly after school, or will be enrolled in the MAC Program if space is available.
- My child will adhere to the FSSD Policy Handbook. Students not following school policies will be reviewed at the end of the semester for possible return to their zoned school.
- I will pay all appropriate charges promptly (lunch, MAC, etc.) unless my child is entitled to subsidies for such charges.
- This zone waiver request may be denied if it would result in overcrowded programs.
- Zone waiver determination is not final until it is approved or denied by Central Office.
- The information contained in this application is true and correct.

If my child is granted a zone waiver in order to attend the requested school, this is a privilege that comes with the conditions listed above. I agree to these conditions and understand that failure to adhere to the conditions may result in my child having to return to his/her zoned school.

_____ / ___/___
Parent or Guardian Signature *Date*

REQUESTED SCHOOL - PRINCIPAL ACKNOWLEDGEMENT:

Waiver is Recommended: _____ / ___/___
 YES NO *Principal Signature* *Date*

CENTRAL OFFICE CONSIDERATION: Attendance History: Absences: Excused _____ Unexcused _____
 Tardies/Early Dismissals: _____ Late pickups: _____ Truancy filed? Y N Date: _____

Zone Waiver is:
 APPROVED DENIED _____ / ___/___
Director of Schools/Designee Signature *Date*

If denied, school assigned to attend: _____

School and Parent/Guardian Notified: YES NO