



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:

1. The parent or guardian will provide transportation to and from school.
2. 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.
3. My child will be picked up promptly after school, or will be enrolled in the MAC Program if space is available.
4. 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.
5. I will pay all appropriate charges promptly (lunch, MAC, etc.) unless my child is entitled to subsidies for such charges.
6. This zone waiver request may be denied if it would result in overcrowded programs.
7. Zone waiver determination is not final until it is approved or denied by Central Office.
8. 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