



HERTFORD COUNTY PUBLIC SCHOOLS
Application for Out-of-County Discretionary Admission

1. *This form should be executed by a parent or legal guardian/custodian and mailed or delivered with all required records to Hertford County Public Schools, 701 N. Martin Street, Winton, NC 27986, Attn: Dr. Takeda LeGrand, Assistant Superintendent*

2. *All admissions are contingent on space and capacity in the school you are requesting.*

Student Name _____ Age _____ Date of Birth _____ Grade _____

Name of Parent/Guardian _____

Physical Address _____

City _____ State _____ Zip Code _____

Email Address _____ Home Phone _____ Work Phone _____

Last School Attended _____ School District _____

Student has been identified as needing Special Education Services and/or has an Individualized Education Plan or 504 Plan? Yes _____ No _____

Request is made for the following school: _____

If you believe you qualify for a tuition waiver or reduction per Board of Education Policy 4135, please explain:

Please review the reverse side of this form for the student records that must be submitted with this application and the conditions for acceptance, denial, or revocation of discretionary admission.

I have read this application and its accompanying information and understand my responsibilities. I certify that all information on this form is true. I understand that any false information submitted by me or on my behalf will result in DENIAL or REVOCATION of the student's admission at any time. I also certify that my student is in good academic and behavioral standing including being on the appropriate academic grade level in grades 9-12.

Signature of Parent/Legal Guardian _____ Date _____

IMPORTANT INFORMATION

3. By July 11, 2025, submit this completed application, proof of release from the home school district, and half of the tuition payment payable to Hertford County Public Schools by certified check or money order, and deliver in person only to *Hertford County Public Schools, 701 N. Martin Street, Winton, NC 27986, Attn: Lori Merritt, Interim Chief Finance Officer*

- If this is your first year in Hertford County Public Schools provide the following with the application:
 - (a) A copy of the most recent school records with this application showing attendance, behavior, grades, and other evidence of good standing from the most recent school attended
 - (b) A lease agreement, mortgage statement, or tax bill.
 - (c) A current utility bill (gas, electric, or water) in the name of the parent or guardian at the current address.
 - (d) The completed Behavior Attestation Form regarding suspension, expulsion, and felonies, or **Enrollment Affidavit Form 3** or **Form 4** if special circumstances are to be considered.
 - (e) A copy of the most recent IEP or 504 Plan, if your child has been identified as needing Special Education Services and/or has an IEP or 504 Plan.

4. The second half of the tuition payment is due on or before January 16, 2026, payable to Hertford County Public Schools by certified check or money order. Deliver in person only to *Hertford County Public Schools, 701 N. Martin Street, Winton, NC 27986, Attn: Lori Merritt, Interim Chief Finance Officer*

- Tuition payments are not refundable after the school year begins.
- It is the duty and responsibility of the parent or guardian to provide timely transportation to and from school.
- Students will not be admitted to class until all requirements have been met.

CONDITIONS FOR ACCEPTANCE/DENIAL/REVOCAION OF DISCRETIONARY ADMISSION:

Initial acceptance or denial of this application for discretionary admission is based upon satisfactory records (behavior, grades, attendance), available school or program space, capacity, and caseload numbers.

Continued discretionary admission is conditioned upon the child having good attendance, timely daily arrival, good grades, satisfactory progress, and other measures of good standing. Good standing will be reviewed each grading period. Students engaging in ongoing misbehavior and/or truancy may be subject to immediate revocation of discretionary admission.

Office Use Only

Exceptional Children
() Approved () Denied Initials _____

Payment Receipt # _____
Release Received Date _____

Superintendent/Designee
() Approved () Denied

School Assigned & Grade _____