

MECKLENBURG COUNTY PUBLIC SCHOOLS

APPLICATION FOR ADMISSION AS AN OUT OF ZONE STUDENT

Student's Name: _____
Last First Middle

Date of Birth: _____ **Age:** _____

Address: _____

Parent's Name: _____
Last First Middle

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Person(s) living with, if other than parent:

Name: _____
Last First Middle

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Relation: Grandmother ___ Grandfather ___ Uncle ___ Aunt ___
Sister ___ Brother ___ Other (specific relation) _____

Current School: _____ **Grade:** _____

Requested School: _____ **Grade:** _____

Reason for Request:

Are special education academic services being provided? _____

If yes, describe: _____

Describe any special transportation arrangements to and from school. _____

We certify that the above information is correct and complete to the best of our knowledge under penalty of law.

Date

Parent/Legal Guardian Signature

Relationship

Approved by:

____ YES

____ NO

Principal of Assigned School

Date

____ YES

____ NO

Superintendent of Schools

Date

*If no, please give reason for denying the application:
