

School Year 20\_\_-20\_\_

7-2.2(B)

**MECKLENBURG COUNTY PUBLIC SCHOOLS  
EMPLOYEE APPLICATION  
CHILD TO ATTEND WORKPLACE SCHOOL**

Name of Employee \_\_\_\_\_

Name of Child \_\_\_\_\_

Grade \_\_\_\_\_

School presently attending or would attend \_\_\_\_\_

School you wish your child to attend \_\_\_\_\_

Workplace School \_\_\_\_\_

*I understand that approval is for the current year only and can be extended only by annual application and approval. I agree to be responsible for my child's transportation and supervision and will not allow conditions to develop which may interfere with my attendance at meetings or other duties normally assigned by the principal or Superintendent.*

**Employee Signature** \_\_\_\_\_

**Approved by:**

_____ YES	_____	_____
_____ NO	<b>Principal of Assigned School</b>	<b>Date</b>

_____ YES	_____	_____
_____ NO	<b>Superintendent of Schools</b>	<b>Date</b>

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

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