

**MECKLENBURG COUNTY PUBLIC SCHOOLS APPLICATION FOR
ADMISSION AS AN OUT OF ZONE STUDENT**

***Please Print Clearly. Documents will not be accepted if not completely filled out.
Requests must be renewed yearly. One form per student.***

Student's Name: _____
Last First Middle

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

***911
Address:** _____
City State, Zip

***Mailing
Address** _____
City State, Zip

Parent's Name: _____
Last First Middle

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

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

Name: _____
Last First Middle
Relation: Grandmother ___ Grandfather ___ Uncle ___ Aunt ___ Sister ___ Brother ___
Other (specific relation) _____
Primary Phone: _____ **Work:** _____ **Cell:** _____

Name: _____
Last First Middle
Relation: Grandmother ___ Grandfather ___ Uncle ___ Aunt ___ Sister ___ Brother ___
Other (specific relation) _____
Primary Phone: _____ **Work:** _____ **Cell:** _____

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. _____

PARENT/GARDIAN AGREEMENT:

I understand that if placement is approved:

1. Transportation **will not** be provided by the school system
2. Enrollment **may be revoked** for poor grades, low attendance, disruptive or uncooperative behavior on the part of the student and parent, tardiness, overcrowding, or other factors.
3. This permission has to do **ONLY with registration** for classes. Any student who transfers from one school to another within the county, without corresponding change of address, will be ineligible to participate in any VHSL activity for a period of one calendar year from the date of enrollment. For extenuation circumstances, the normal VHSL appeal process may be utilized.

My Child plans to participate in the following Virginia High School League (VHSL) activity/activities:

I certify that the above information is correct and complete to the best of my 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:
