

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

Name of Employee _____
(Your Name) (Please Print)

Name of Child _____

Grade _____

School child would attend (Home Location) _____

School child presently attending (Current SY) _____

School you wish your child to attend (Next SY) _____

Employee 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 **Principal of Assigned School** **Date**

Yes _____

No **Superintendent of Schools** **Date**

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

