

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

Returning Student Due Date: **April 29, 2022** New Student Due Date: **June 30, 2022**

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

Primary Phone: _____ **Work:** _____ **Cell:** _____

Person(s) Living with, other than parent:

Name: _____
Last First Middle

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

Name: _____
Last First Middle

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

Student's Home School (Where student would go to school based on address): _____

Current School (This SY): _____ **Grade:** _____

Requested School (Next SY): _____ **Grade:** _____

How many days has the student been absent? _____

***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		Date
No	Principal of Assigned School	Date

Student's Home Zone has been verified	
	Date

Yes		Date
No	Superintendent of Schools	Date

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

