

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

Returning Student Due Date: **April 30, 2024**      New Student Due Date: **June 28, 2024**

**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	_____	_____
_____ No	Principal of Assigned School	Date
	Student's Home Zone has been verified	_____
		Date
_____ Yes	_____	_____
_____ No	Superintendent of Schools	Date

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

\_\_\_\_\_

\_\_\_\_\_