File: JC-F2

AMHERST COUNTY PUBLIC SCHOOLS OUT-OF-ZONE APPLICATION FORM

Please complete the following information and submit this application to the school of your request. Only completed applications will be considered, and parents will be notified of the decisions as soon as possible. Amherst County Public Schools reserves the right to approve or deny any out-of-zone requests for students if the enrollment at the grade requested is at or above the prescribed student/teacher ratio. Both attendance and student conduct at the previous school attended will also be factors when considering this application. **Applications for out-of-zone requests must be submitted to the principal of the school annually for approval.** Submit only one application per student during the period of May 1 through July 15, annually prior to the start of the upcoming school year. Any deviation of this time period needs the approval of the Superintendent.

Student's Name:	Date of Birth:		
Street Address:			
City:	State:	Zip Code:	
Student's Upcoming Grade Level:	Number of Absences Last Year:		
Requested School Zone:	Home School Zone:		
Name and address of Parent and/or Gua	rdian:		
Name:			
Street Address:			
City:	State:	Zip Code:	
Home Phone Number:	Parent(s) Work Number(s):		
Please provide an explanation of reasons we space is needed, please explain on the back			
A new out-of-zone attendance request muthat a parent will have the responsibility for discipline or class size becomes an issue at	r transporting his/her child t	o the school. If attendance, tardies, ear	ly departures,
I attest to the best of my ability that all of the	he information given is accus	rate.	
Parent/Guardian Signature		Date	

Amherst County Public Schools

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