



FRANKLIN COUNTY SCHOOL SYSTEM

Out-of-Transportation Zone Request

Student Name: _____

Parent/Guardian: _____

Current Address: _____

New Address (if moving to zone): _____

Home or Cell Phone: _____ Work Phone: _____

Previous (or current) school attending: _____ City/State _____

Grade of student request: _____

Reason for request: _____

Requested School: _____

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I understand and agree to the following:

- The parent/guardian will provide transportation all the way to and from the school.
- Transfers from one school to another during the year are discouraged.
- Students not following school policies will be reviewed at the end of the semester for possible return to the home school.
- Attendance will be regular with arrival and departure according to school rules.
- Request may be denied if it would result in overcrowding or oversized classes.

Date: ____/____/____

Parent/Guardian's Signature

Approved by: _____

Stanley Bean Director of Schools

Date: ____/____/____



Principal Approved