

**Cumberland County Schools**

**Request for Out-of-Zone School**

**2020-2021 School Year**

**Window of Application: April 1, 2020 – August 19, 2020**

**Each request requires its own application.**

*Do not put requests for multiple children on one form.*

Student Name: \_\_\_\_\_ Grade for 2020-2021: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number to be Used for Contact: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ #Years Attended This School: \_\_\_\_\_

School Currently Zoned For: \_\_\_\_\_

**Requesting to Go to \_\_\_\_\_ School.**

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and agree to the following:

1. If this request is granted, the parent/guardian must take all necessary steps to withdraw the student from the current school and enroll the student into the new school.
2. The parent/guardian will provide transportation all the way to and from the out-of-zone school.
3. No transfers from one county school to another will be permitted during the school year with the exception of a change in residence.
4. Students not living in Cumberland County will also need to submit a completed and signed Out of County Application form.
5. Request may be denied based on available space, attendance, and/or behavior.
6. The parent/guardian must apply for the out-of-zone school **every year**. There is no guarantee there will be space available from one year to the next.
7. **Any student who is found to be attending an out-of-zone school without written approval from Central Services will be immediately withdrawn from the out-of-zone school and enrolled in that student's in-zone school.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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***Principal Use Only***

Date Received \_\_\_\_\_ Time Submitted Form to School Office \_\_\_\_\_ Initials of Person Accepting Form \_\_\_\_\_

\_\_\_\_ #Days Missed 2019-2020; List any extenuating circumstances: \_\_\_\_\_

\_\_\_\_ #Discipline Referrals; List major discipline issues: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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***Central Use Only***

\_\_\_\_ Request Approved

\_\_\_\_ Request Denied Justification: \_\_\_\_\_

\_\_\_\_ May seek reconsideration using the appropriate form.

\_\_\_\_\_  
Director of Schools / Designee Signature

\_\_\_\_\_  
Date