

REQUEST FOR ATTENDING A SCHOOL OUTSIDE DISTRICT OF RESIDENCE

EMPLOYEE'S CHILDREN ONLY

2019-20 SCHOOL YEAR

DATE

TIME

NOTE: Please print form, complete, and then turn into the local school where you would like for your child to attend. Please refer to policy 9.11 API regarding the out of district referrals.

PARENT'S NAME _____
(LAST) (FATHER) (MOTHER)

ADDRESS _____
(STREET NUMBER & NAME) (CITY) (ZIP)

PHONE # _____
(CELL) (HOME) (FATHER'S WORK #) (MOTHER'S WORK #)

EMAIL ADDRESS _____

JOB SITE _____

SCHOOL CURRENTLY ATTENDING _____

HARDIN COUNTY SCHOOL DESIRED _____

CHILD'S NAME

DATE OF BIRTH

GRADE (2019-20)

I understand the following conditions must be met in order for my child(ren) to be granted an exception:

1. A written request must be filed at the school of choice during the months of December through March.
2. The number of openings for exception students will be determined by the principal based on staffing and projected student enrollment.
3. There will be no cost to or service provided by the Hardin County Board of Education. Transportation is the responsibility of the parent.
4. Athletic eligibility is to be determined by KHSAA guidelines.

(Continued on reverse)

I agree to abide by the conditions and limitations of this transfer request. I understand that false information shall be grounds for refusing the transfer request. Failure to abide by these conditions will be reason for a principal not to approve your child's exception request in subsequent years.

(Parent Signature)

(Date)

NOTE: This form must be completed and returned to school of choice.

REASON(S) FOR EXCEPTION REQUEST:
