

REQUEST FOR ATTENDING A SCHOOL OUTSIDE DISTRICT OF RESIDENCE

HARDIN COUNTY SCHOOL DISTRICT RESIDENCE

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 _____

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. If a school reaches class enrollment maximums On or Before September 15, students granted school district exceptions will have to return to their school of residence in accordance with the provisions of HCAR 09.11. If room is not available at the home school, the child will be placed at another school.
4. There will be no cost to or service provided by the Hardin County Board of Education. Transportation is the responsibility of the parent.
5. Athletics 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:

