

Houston County Board of Education
2022-2023 OUT-OF-ZONE SCHOOL REQUEST

PLEASE PRINT AND COMPLETE ONE FORM PER STUDENT

(This form should be signed by the Principal of the school which you last attended or are currently attending in Houston County.)

NAME OF STUDENT

ADDRESS OF STUDENT CITY ZIP

SCHOOL ATTENDING NOW

OUT-OF-ZONE SCHOOL STUDENT WISHES TO ATTEND

ZONED SCHOOL IN WHICH PARENT/GUARDIAN LIVES

GRADE ENTERING AGE DATE OF BIRTH RACE

REASON FOR REQUEST: SENIOR PRIVILEGE (12th, 8th, or 5th grade year if moved summer prior to/during current year or if student was on an approved OOZ for prior year)
MOVING TO NEW ZONE WITHIN 90 DAYS (must provide proof of upcoming move)
MOVED WITHIN COUNTY - REST OF YEAR ONLY (if enrolled for 45 calendar days)
SIBLING OF SPECIAL EDUCATION OR ESOL STUDENT (so siblings may attend same school)
Name of Sibling:
MAJORITY Race at ZONED School to MINORITY Race at OUT-OF-ZONE SCHOOL (must be requested no later than March 31st for the following school year)
OTHER (Please Explain)

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT:

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

DATE

MAILING ADDRESS

E-MAIL ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER

SCHOOL USE ONLY:

REASON FOR APPROVAL: SENIOR PRIVILEGE (12th, 8th, or 5th grader)
MOVING TO NEW ZONE WITHIN 90 DAYS (attach proof of move)
MOVED WITHIN COUNTY (enrolled in zone for 45 days)
SIBLING OF SPECIAL EDUCATION STUDENT
MAJORITY RACE TO MINORITY RACE
OTHER (Please Explain)

REASON FOR DISAPPROVAL:

Date

Principal's Signature

OFFICE OF SCHOOL OPERATIONS USE ONLY:

DATE:

APPROVED DISAPPROVED

Assistant Superintendent's Signature

COMMENTS: