



FRANKLIN COUNTY SCHOOL SYSTEM  
**Request Form for Enrollment in an Out-of-Transportation Zone School**  
**To be received beginning April 1 through April 30, annually**

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 \_\_\_\_\_

Zoned School \_\_\_\_\_

Requested School \_\_\_\_\_



I understand and agree to the following:

- The parent/guardian will provide transportation all the way to and from the school.
- Transfers from one county 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.
- The parent/guardian must be a legal resident of Franklin County.
- Attendance will be regular with arrival and departure according to school rules.
- Approved requests may not exceed the number of *Open Seats (posted April 17 through 30, annually)*.

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

\*\*\*\*\***For Administrative Use Only**\*\*\*\*\*

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Director of Schools/Designee*

Available seats will be filled by June 8; parents will be notified.