

FRANKLIN COUNTY SCHOOL SYSTEM

## Request Form for Enrollment in an Out-of-Transportation Zone School To be received beginning May 1 through May 31, annually

Student Name		
Parent/Guardian		_
Current Address		_
New Address (if moving to zone)		
Home or Cell Phone	Work Phone	
Previous (or current) school atten	dingCity/State	
Grade of student request		
Reason for request		
Zoned School		
Requested School		
<ul> <li>I understand and agree to the foll</li> <li>The parent/guardian will p</li> <li>Transfers from one county</li> <li>Students not following sch possible return to the hom</li> <li>The parent/guardian must</li> <li>Attendance will be regular</li> </ul>	rovide transportation all the way to and from the school. school to another during the year are discouraged. ool policies will be reviewed at the end of the semester fo	r
	Parent/Guardian's Signature	
Available seats	vill be filled by June 8; parents will be notified. Not Approved Date	

Director of Schools/Designee