



## 2019-2020 SCHOOL YEAR OUT OF ZONE ENROLLMENT REQUEST

Student's Last Name	First Name	Middle Name	Age
Date of Birth	Grade for 2019-2020		
District Home School			

As the parent/guardian of the above named child, I petition for the right of this child to attend \_\_\_\_\_ School in Fountain-Fort Carson School District Eight for the 2019-2020 school year.

I am aware that my child's previous school performance, records, attendance and behavior will be examined prior to approval. Also, District resources could be a factor in consideration of this request. Maximum enrollment for each school has been determined by the Board of Education. Out-of-Zone students will not be accepted when maximum enrollment is reached. Out-of-Zone enrollment will be re-evaluated each school year, and **application must be made every year**. There is no guarantee that the District will be able to accept Out-of-Zone students beyond the term of this single year agreement. **Enrollment during this academic year does not guarantee future enrollment.**

**I am aware that I may be asked to enroll my child in our home school if tardiness, attendance and/or behavior issues become a problem.**

**District Administration Office recommendation does not guarantee placement in requested school.**

If my request for admittance is granted, I agree to the following:

- 1 The conduct of my child shall be **exemplary**.
- 2 The parent/guardian is responsible for providing transportation to and from school.

Please indicate if your child is a participant in any of the following programs:

<input type="checkbox"/> 504	<input type="checkbox"/> Special Education	<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Athletics
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Are you a current employee of School District 8? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, where do you work? \_\_\_\_\_

Please list the reason(s) for making this request. \_\_\_\_\_

Do you have other children that you are applying for Out of Zone enrollment? (Separate requests form must be filled out for each student.)  
If yes, please state names, grade and school. **Approval is for this school year only.**

**By signing this form: I certify that all statements are true and correct. If any of the above information is either false and/or incorrect I understand that I may be asked to enroll my student in our home school.**

Signature of Parent/Guardian	Printed Parent/Guardian Name	Date signed
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Current Address (including City, State and Zip Code) \_\_\_\_\_

E-mail address	Home Telephone #	Cell phone #
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**Office Use Only:**

Date Enrollment Request Received \_\_\_\_\_ Received By: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_ Approved? YES \_\_\_\_\_ NO \_\_\_\_\_

Asst. Supt of Business Signature \_\_\_\_\_ Date: \_\_\_\_\_ Recommended? YES \_\_\_\_\_ NO \_\_\_\_\_

Denied reason: \_\_\_\_\_