



SCHOOL ZONE EXCEPTION APPLICATION

Office Use Only	
Date	_____
School	_____
Grade	_____
Teacher	_____

Student Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Sex: _____ Grade Level: _____

Home Address: _____

City: _____ Zip: _____

Name of Parent/Guardian: _____

Home Phone: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Mother Work Phone: _____ Father Work Phone: _____

School Last Attended: _____

Zoned School: _____

School Requested to Attend: _____

Reason For Request: _____

IMPORTANT – PLEASE READ AND SIGN

- Your child will be enrolled in the school system that you requested provided space is available.
- Clinton City Schools shall have the right to deny any zone exception request of a student who has a history of inappropriate behavior or attendance concerns.
- There will be no obligation for Clinton City Schools to provide transportation.
- Zone Exceptions may be revoked at any time for failure to adhere to school expectations and guidelines, including behavior and attendance
- Zone Exceptions may be revoked at any time for failure of a parent or guardian to adhere to school expectations and guidelines.
- School preference is not guaranteed.

Your signature on this form indicates you understand and agree to the above guidelines.

Name of Parents/Guardians: _____

Signature: _____

Date of Application: _____

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Zone Exception Accepted: _____ Zone Exception Denied: _____

Reason For Denial: _____

Approved By: _____ Date: _____