

Out of Zone Request for Reconsideration

In light of our initial decision to deny your 2019-2020 Out of Zone Request for your child, this completed application serves as a request for us to reconsider that decision should space become available. This reconsideration is a one-time opportunity for the 2019-2020 school year and will be based on updated enrollment numbers as of August 9, 2019. If you have more than one child for us to reconsider, complete an application for EACH INDIVIDUAL CHILD.

If you would like your student to be reconsidered for an Out of Zone transfer request based on updated enrollment numbers at your preferred school, complete this form and **bring it to Central Services during the window of August 1, 2019 - August 15, 2019.** Each day the office will be open to accept these requests from 8:00 am -5:00 pm. Do not take this application to your school. The application should come directly to Central Services (368 Fourth Street, Crossville, TN 38555). Upon receipt, the application will be date and time-stamped as that is one factor in the decision-making process.

Reconsideration for out of zone placement will be given based on the following factors in this specific order:

1. Space availability
2. If the student is already a student at the preferred school with good attendance and good behavior (If competing applications exist, but a decision must be made, the student who has been there the longest and has good attendance and good behavior will have preference.)
3. If the new student has a sibling already currently approved and enrolled at that school
4. The earliest date and time stamped.

Please complete the application carefully and fully.

Accurate answers will most certainly assist us in making fair, swift decisions.

Student Name: _____ Grade 2019-2020: ____

What school are you **requesting for this child to attend?**

What school did this student attend for 2018-2019? _____

How many years has the student attended the last school? _____

(Include the 2018-2019 school year. If this is a new request, and the student has never attended this requested school, put 0 in the blank)

Parent/Legal Guardian Name: _____

Current/Best Option Phone Number for Contact: _____

What is the student's, current legal address? _____

What school is this student zoned to attend based on current address? _____

Does this child have legal siblings at the requested school? _____ Yes _____ No

If yes, list the full names and grade level for 2019-2020.

Please sign below confirming the accuracy of the information above and your wish for reconsideration for the Out of Zone decision. Thank you.

Parent Signature

Date