Application for Admission of Out of District Status 2023/2024 School Year

Crockett County School District

Please complete a separate form for each student requesting Out of District Status in Crockett County Schools.

udent's Name DOB		Age	SSN		
School Requested	Grade to be Enrolle	d Last School Attende	Last School Attended		
District in which student presently	y resides:				
Legal Custodial Parent's / Guard	ian's Name:				
Address:					
Mailing Address (if different):					
City:	County:	State:	Zip:		
Contact: Home Phone	Cell Phone:	Work Pl	Work Phone:		
Check below the reason(s) the tr	ansfer is being requested:				
Crockett Co. School District E	Employee	_ Child has special health condition*			
Reside on border road		Special course/program request*			
Joint custody*		SPED/Speech services request			
Previously enrolled student		504 services requested			
Sibling of a currently enrolled	student	Owns property or business in Crockett			
Name of Sibling(s):					
S	chool				
S					
*Explanation:					

Application for Admission of Out of District Status, continued

Student's Name					
Please answer each of	the following ques	stions:			
Has this student ever ha	nd disciplinary pro	blems at school?	yes	no (If yes, check	each disciplinary measure taken:
suspended	expelled	alternative school	other	r Please explain:	
)
Has this student ever ha	ad attendance or t	tardiness problems at s	school?	yes no	o (If yes, please explain:
	-	previously attended sc	hool to the	truancy board, juven	ille court or a discipline board for
Has this student ever fa	iled a grade level		-		e explain:)
Parental Acknowledge	ment:				
understand that Out of I good standing with Cre	District Students a cockett County So	are accepted only if cur chools' behavior, disc	rrent enrolln ipline and	nent permits and onl truancy policies.	gree to the terms as stipulated. I y to the extent that they remain in Any parent/guardian/student who ntinue enrollment in the Crockett
residence of the pupil's	custodial parent(esidence of the p	s), legal custodian (co oupil's custodial paren	urt appointe t(s), legal c	ed or approved), or legal g	ned to be the same as the legal egal guardian (court appointed or uardian is the location where the naining.
Signature of Parent/Guardian				Date	
For Office Use Or	dv.				
For Office Use On Date Received:	•	Receive	d By:		
Approved:			Da	te of Approval: _	
Su	nervisor				