

OUT-OF-CITY APPLICATION

2017-2018

Murfreesboro

City Schools

**Erma Siegel - Scales
John Pittard - Overall Creek
Discovery School**

These schools are **not** accepting new Out-Of-City Application requests for the 2017-2018 school year.

One Student per Application

DATE: _____

(Please print all information in ink.)

Name of Student: _____
(Last Name) (First Name) (Middle Name)

Grade entering in 2017-2018: _____ Sex: Male Female

Birthday: _____
(Month) (Day) (Year)

Desired School to Attend: _____

Email: _____

Home Address: _____
(Street Address)

(City) (Zip)

Home Phone: _____

Cell Phone: _____

School attended last year: _____

What is the reason for enrolling this student in Murfreesboro City Schools? _____

Brothers/Sisters: List those enrolled in a city school during 2017-2018

<u>SIBLINGS NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>MOTHER'S/GUARDIAN'S NAME</u>	<u>PLACE OF WORK</u>	<u>WORK PHONE</u>
_____	_____	_____
<u>FATHER'S/GUARDIAN'S NAME</u>	<u>PLACE OF WORK</u>	<u>WORK PHONE</u>
_____	_____	_____

PARENT'S OR GUARDIAN'S DECLARATION OF UNDERSTANDING

I (parent or guardian of above listed students) UNDERSTAND AND AGREE TO THE FOLLOWING:

1. The parent or guardian will provide transportation all the way to and from the school.
2. Attendance will be regular with arrival and departure according to the school rules.
3. Students not following school policies will be reviewed at the end of the semester for possible return to the home schools.
4. Request may be denied if it would result in overcrowding or oversized classes.
5. Out-of-city applications may be for one school year only depending on school enrollment and capacity status.
6. Sign the Out-of-City Agreement
7. Out-of-city determination is not final until it is approved or disapproved by the Central Office, Finance & Administrative Services Director.

_____ Date _____ Parent or Guardian Signature

The Murfreesboro City School System does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in the provision of services, in programs or activities or employment opportunities and benefits.

PARENT OR GUARDIAN, PLEASE DO NOT WRITE BELOW THIS LINE.

CENTRAL OFFICE DECISION

Attendance History: Excused Absences: _____ Tardies/Early Dismissals: _____
 Unexcused Absences: _____ Late Pickups: _____
 Truancy Filed? Y N _____
Date

Application for Admission is:

- Approved for Requested School
 Not Approved for Requested School

 Assistant Superintendent of Administration and Support Services

Date of decision: _____

 School Assigned to Attend if Not Requested School

School and Home Notified: _____

MURFREESBORO CITY SCHOOLS
ZONE WAIVER/OUT-OF-CITY
AGREEMENT

REQUESTED SCHOOL NAME

School Year: _____

Child's Name: _____

Address: _____

Original Zoned School: _____

CERTIFICATION OF AGREEMENT BY PARENT OR LEGAL GUARDIAN:

If my child is granted a zone waiver or out-of-city exemption in order to attend the school requested above, this is a privilege that comes with the conditions listed below. I agree to the conditions and understand that failure to adhere to the listed conditions may result in my child having to return to his zoned school.

The conditions are:

1. My child will have no more than ten (10) unexcused absences during the school year.
2. My child will have no more than ten (10) unexcused tardies during the school year.
3. My child will be picked up promptly after school, or will be enrolled in the Extended School Program (ESP).
4. My child will adhere to the Murfreesboro City Schools Policy Handbook for Parents.
5. I will abide by the provisions of the Parent Handbook.
6. I will pay all appropriate charges promptly (lunch, ESP, etc.) unless my child is entitled to subsidies for such charges.

I agree to abide by the above conditions.

Signature of Parent or Legal Guardian

Date

PRINCIPAL'S CERTIFICATION:

I agree to notify the parent or legal guardian, in writing, if the child is close to losing the privilege of attending this school as a result of violating any of the above conditions. The notification will also include behaviors that will be necessary in order for the child to continue enrollment. If the violations continue, the child will be sent back to his/her zoned school and will forfeit the privilege provided by the zone waiver or out-of-city admission exemption to attend this school.

Signature of Principal

Date

School

Murfreesboro City Schools

CERTIFICATION OF AGREEMENT BY PARENT OR LEGAL GUARDIAN:

I understand that if my child is granted a zone waiver or out-of-city exemption in order to attend the school requested above this is a privilege that comes with the conditions listed below. I agree to the conditions and understand that failure to adhere to the listed conditions may result in my child having to return to his zoned school, at the discretion of the principal.

The conditions are:

1. My child will have no more than ten (10) unexcused absences during the school year.
2. My child will have no more than ten (10) unexcused tardies during the school year.
3. My child will be picked up promptly after school, or will be enrolled in the Extended School Program (ESP).
4. My child will adhere to the Murfreesboro City Schools Policy Handbook for Parents.
5. I will abide by the provisions of the Parent Handbook.
6. I will pay all appropriate charges promptly (lunch, ESP, etc.) unless my child is entitled to subsidies for such charges.

I agree to abide by the above conditions.

Signature of Parent or Legal Guardian

Date

FOR PARENT REFERENCE