

**REQUEST FOR ZONE WAIVER FOR STUDENTS  
RESIDING WITHIN MURFREESBORO CITY LIMITS**



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

The above schools are **not** accepting new Zone Waiver requests for the 2017-2018 school year.

**ONE STUDENT PER APPLICATION**

**2017 - 2018**

(Please print all information in ink.)

|   |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
|---|-----------------|---|---|--|--|-----|----|--|------------------------|--|--|--------------------------------|--|--|
| NAME OF STUDENT: _____  |                 | GRADE for<br>17-18 _____  |   |  |  |     |    |  |                        |  |  |                                |  |  |
| SEX: _____ MALE _____ FEMALE  | BIRTHDAY: _____ | SIBLINGS: _____   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| PARENT OR GUARDIAN NAME: _____  |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| CURRENT ADDRESS: _____<br><small>Street Number and Name and Apartment Number if Applicable</small>                        |                 | SUBDIVISION: _____<br><small>Zip Code</small>   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| HOME PHONE: _____   | WORK: _____     | CELL: _____ EMAIL: _____  |   |  |  |     |    |  |                        |  |  |                                |  |  |
| SCHOOL YOUR STUDENT ATTENDED LAST YEAR: _____   |                 | DATE ORIGINALLY ENROLLED: _____   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| SCHOOL YOU ARE PRESENTLY ZONED FOR: _____   |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| PREFERRED SCHOOL TO ATTEND: _____   |                 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="3"><b>HAS/HAVE YOUR STUDENT<br/>PREVIOUSLY RECEIVED A ZONE<br/>WAIVER?</b></td> </tr> <tr> <td align="center">YES</td> <td align="center">NO</td> <td></td> </tr> <tr> <td colspan="3">TO WHICH SCHOOL? _____</td> </tr> <tr> <td colspan="3">DATE OF ORIGINAL WAIVER: _____</td> </tr> </table> | <b>HAS/HAVE YOUR STUDENT<br/>PREVIOUSLY RECEIVED A ZONE<br/>WAIVER?</b> |  |  | YES | NO |  | TO WHICH SCHOOL? _____ |  |  | DATE OF ORIGINAL WAIVER: _____ |  |  |
| <b>HAS/HAVE YOUR STUDENT<br/>PREVIOUSLY RECEIVED A ZONE<br/>WAIVER?</b>   |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| YES   | NO              |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| TO WHICH SCHOOL? _____  |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| DATE OF ORIGINAL WAIVER: _____  |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| IF YOU HAVE PREVIOUSLY RECEIVED A ZONE WAIVER, FOR WHAT REASON(S) DID YOU REQUEST IT?<br>_____<br>_____                   |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |
| IF YOU HAVE NOT BEEN GRANTED A WAIVER PREVIOUSLY, FOR WHAT REASON(S) DO YOU WISH ONE TO BE GRANTED NOW?<br>_____<br>_____ |                 |   |   |  |  |     |    |  |                        |  |  |                                |  |  |

**PARENT'S OR GUARDIAN'S DECLARATION OF UNDERSTANDING**

I (parent or guardian of above listed student) 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. Zone Waivers may be for one school year only depending on school enrollment and capacity status.
6. Zone Waiver determination is not final until it is approved or disapproved by the Central Office, Finance & Administrative Services Director.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent or Guardian Signature

*Parent or Guardian, Please do not write below this line. Submit this signed form to the school office you wish to be considered for enrollment.*

**STEP #2 - Take form to your Zoned School for the Principal's Signature.**

|                            |  |   |
|----------------------------|--|---|
| Date of School Visit _____ | Signature of Zoned School Principal's Acknowledgement of Request _____ | You can skip to STEP #3 if this request is to remain in the same school you were approved to attend last year. (Zoned school Principal's Signature is Not Required for Students Returning to Same School as Last Year.) |
|----------------------------|--|---|

**STEP #3 - Take form to the School you are requesting to Attend for the Principal's Consideration and Submission to Central Office.**

|   |                             |
|---|-----------------------------|
| REQUESTED SCHOOL TO ATTEND: PRINCIPAL'S CONSIDERATION: _____<br>ATTENTION SHOULD BE GIVEN TO "AD-57" PRIOR TO PRINCIPALS APPROVAL   | _____ Yes _____ No          |
| IF YES, IS SPACE AVAILABLE AT THE GRADE LEVEL(S) LISTED ABOVE?<br>(NOTE: If principal checks "No" or does not respond to both of the above questions, the zone waiver shall not be considered further.) | _____ Yes _____ No          |
| _____ Date  | _____ Principal's Signature |

**CENTRAL OFFICE CONSIDERATION:**

|                           |                           |                                 |
|---------------------------|---------------------------|---------------------------------|
| Attendance History: _____ | Excused Absences: _____   | Tardies/Early Dismissals: _____ |
|                           | Unexcused Absences: _____ | Late Pick-ups: _____            |
| Truancy Filed? Y N        |                           | _____ Date                      |

Zone Waiver is...

\_\_\_\_\_ Approved for Requested School

\_\_\_\_\_ Not Approved for Requested School

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Finance and Administrative Services Director

School Assigned to Attend if Waiver is Not Approved

Form Revised: 03/17

School and Parent/Guardian 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.

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Signature of Parent or Legal Guardian

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Date

**FOR PARENT REFERENCE**