

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



**Cason Lane - Discovery School - Erma Siegel -  
John Pittard - Overall Creek - Scales**  
The above schools are not accepting new Zone Waiver requests for the 2018-2019 school year.

**ONE STUDENT PER APPLICATION**

**2018 - 2019**

(Please print all information in ink.)

NAME OF STUDENT: _____		GRADE for 18-19 _____												
SEX: _____ MALE _____ FEMALE	BIRTHDAY: _____	SIBLINGS: _____												
PARENT OR GUARDIAN NAME: _____														
CURRENT ADDRESS: _____ <small>Street Number and Name and Apartment Number if Applicable</small>		SUBDIVISION: _____ <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 colspan="3" style="text-align: center;"><b>HAS/HAVE YOUR STUDENT PREVIOUSLY RECEIVED A ZONE WAIVER?</b></td> </tr> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</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 PREVIOUSLY RECEIVED A ZONE WAIVER?</b>				YES	NO	TO WHICH SCHOOL? _____			DATE OF ORIGINAL WAIVER: _____		
<b>HAS/HAVE YOUR STUDENT PREVIOUSLY RECEIVED A ZONE 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? _____ _____														
IF YOU HAVE NOT BEEN GRANTED A WAIVER PREVIOUSLY, FOR WHAT REASON(S) DO YOU WISH ONE TO BE GRANTED NOW? _____														

**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.)
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**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: _____	_____ Yes	_____ No
<i>ATTENTION SHOULD BE GIVEN TO "AD-57" PRIOR TO PRINCIPALS APPROVAL)</i>		
IF YES, IS SPACE AVAILABLE AT THE GRADE LEVEL(S) LISTED ABOVE? <i>(NOTE: If principal checks "No" or does not respond to both of the above questions, the zone waiver shall not be considered further.)</i>	_____ 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... _____	_____ Date	_____ Signature of Finance and Administrative Services Director
<input type="checkbox"/> Approved for Requested School <input type="checkbox"/> Not Approved for Requested School	School Assigned to Attend if Waiver is Not Approved _____	

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

REQUESTED SCHOOL NAME

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Original Zoned School: \_\_\_\_\_

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**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

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**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