

OUT-OF-ZONE WAIVER APPLICATION

COMPLETE ONE APPLICATION PER STUDENT

2022 - 2023

Black Fox - Cason Lane - Discovery School - Overall Creek - Salem - Scales
The above schools are closed zone schools for the 2022-2023 school year.

(Please print all information in ink.)

NAME OF STUDENT: _____		GRADE for 22-23 _____
SEX: _____ MALE _____ FEMALE	BIRTHDAY: _____	SIBLINGS: _____
PARENT OR GUARDIAN NAME: _____		
COMPLETE CURRENT HOME ADDRESS: _____		
HOME PHONE: _____	WORK: _____	CELL: _____ EMAIL: _____
STUDENT RESIDES: (circle one)	Within Murfreesboro City Limits	Outside City Limits but within Rutherford County
		Outside Rutherford County
SCHOOL YOUR STUDENT ATTENDED FOR 21-22 SCHOOL YEAR: _____		Has student been rezoned by MCS? Yes No
SCHOOL YOUR STUDENT IS ZONED FOR IN 22-23 SCHOOL YEAR: _____		If yes, from _____ school to _____ school
PREFERRED SCHOOL TO ATTEND: _____		
Is parent/guardian a MCS Staff Member? Yes No	If yes, <small>Full-Time</small> Part-Time Job Title _____	Location: _____
Reason for zone waiver request: (Request will be <u>automatically denied</u> if no reason is given.) _____		

PARENT'S OR GUARDIAN'S DECLARATION OF UNDERSTANDING

I (parent/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. My child will have no more than 10 unexcused absences or 10 tardies/early dismissals (total) during the school year.
3. My child will be picked up promptly after school, or will be enrolled in the Extended School Program (ESP), if space is available.
4. My child will adhere to the Murfreesboro City Schools Policy Handbook. Students not following school policies will be reviewed at the end of the semester for possible return to their zoned school.
5. I will abide by the provisions of the Murfreesboro City Schools Policy Handbook for Parents.
6. I will pay all appropriate charges promptly (lunch, ESP, etc.) unless my child is entitled to subsidies for such charges.
7. This zone waiver request may be denied if it would result in overcrowding or oversized classes.
8. Zone waiver applications must be completed on a yearly basis and are valid for the indicated school year only.
9. Zone waiver determination is not final until it is approved or denied by Central Office.

If my child is granted a zone waiver in order to attend the requested school, this is a privilege that comes with the conditions listed above. I agree to these conditions and understand that failure to adhere to the conditions may result in my child having to return to his/her zoned school.

_____ Date _____ Parent or Guardian Signature

Receiving Principal Acknowledgement

_____ Date _____ Principal 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 _____ Central Office Approval

_____ Approved for Requested School

_____ Not Approved for Requested School

School Assigned to Attend if Waiver is Not Approved

School and Parent/Guardian Notified: _____ Form Revised: 02/22