Baldwin County Public Schools Zone Variance Request Form

(To be completed by Parent or Guardian)

Attention Parent: If a request for other siblings has been made to other schools, please list the names of ALL children and the schools requested. Parent is to provide each requested school a copy of this form. I am requesting approval of a Zone Variance for my son/daughter authorizing him/her to attend the school(s) listed below. **Student Name Grade Level **Current School School Requested** 2014-2015 Zone Please find attached a letter that explains those reasons for my request. I understand that after my request has been considered, a letter will be sent from the applicable Executive Principal advising me of the status of my application. Parent/Guardian (Print)______ Mailing Address City____ _____Zip_____ 911 Address_____Zip_____ Work Phone Home Phone Cell/Pager Parent's Signature_____ Parent's Name (Print) _____ **Parent must return this form and the letter of request to the RECEIVING PRINCIPAL (school requested). Letter of approval/denial will be sent to applicants. Recommendation of the Receiving Principal After reviewing the parent's letter accompanying this application, I recommend that this request be: Approved Denied Revoked I have based my decision on the following reason (s): I recommend revocation of this zone variance (Provide written documentation) for the following reason (s): (Provide written documentation) No Space Available No Space Available Hardship Discipline _____Attendance Attendance Principal's Signature Date Principal's Signature Date The Principal MUST sign and submit this form to the appropriate Executive Principal within two (2) days of receipt. SYSTEM DECISION This is notice of the decision of the school system regarding your student's Zone Variance Request After reviewing the documents accompanying this application, this request is: **Approved** Denied Revoked Signature Signature____ Revised 1/2012