

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 2016-2017	Current School Zone	School Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 advising me of the status of my application.

Parent/Guardian (Print) _____

Mailing Address _____

City _____ Zip _____

911 Address _____ Zip _____

_____ Home Phone

_____ Work 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:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
I have based my decision on the following reason (s): (Provide written documentation)	
<input type="checkbox"/> No Space Available <input type="checkbox"/> Harmful/Dangerous Situation	<input type="checkbox"/> Hardship <input type="checkbox"/> Attendance
_____ Principal's Signature	_____ Date

<input type="checkbox"/> Revoked
I recommend revocation of this zone variance for the following reason (s): (Provide written documentation)
<input type="checkbox"/> No Space Available <input type="checkbox"/> Attendance
<input type="checkbox"/> Discipline
_____ Principal's Signature
_____ Date

The Principal MUST sign and submit this form to the Director of Prevention & Support Services.

SYSTEM DECISION

After reviewing the documents accompanying this application, this request is:

Approved

Denied

Revoked

Signature _____

Date _____

Signature _____

Date _____