

# 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 2018-2019	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"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
I have based my decision on the following reason (s): <b>(Provide written documentation)</b>	
<input type="checkbox"/> No Space Available	<input type="checkbox"/> Hardship
<input type="checkbox"/> Harmful/Dangerous Situation	<input type="checkbox"/> Attendance
_____ <b>Principal's Signature</b>	_____ <b>Date</b>

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

**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 \_\_\_\_\_